	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENS 7	. 1 4	479
MIDDLE	F 15 (4.5)	179 1	20 DATE OF DEATH	MONTH DAT	YEAR 26 HOUR /C
HUDSON	1	1511	May	22/4	187 80M
	4	OF BIRTH	6. AGE (IN YEARS AST BIR		UNDER : YEAR IF UNDER 24 HRS.
_ACK	AUGU		90	YRS.	NINS DATS HOURS MIN.
OF WHAT C			9 BALTIMORE CITY		FDEATH
JSA	WIDOW		Harta	rd	MD.
		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND OF BUSINESS OR
CHAPTE C	GIVE STREET PODRESS	Haspital	(RET) TEACHER		EDUCATION
13c. CIT	DENCE BEFORE ADMISSION Y OR TOWN RE de GRACE	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 4101 GRAVEL		
H	LAST HUDSON	15. MOTHER'S MAIDEN NA/ FIRST FANNIE	ME		SCOTT
	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	53.74
220	54 8289	CHARLES WILSON,	9 FAIRLANE DR	WHITES	BORO. NY 13492
	relic Resp	0			APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
	ONGESTIN	E HEART	FAILURE		2440 8
^	ONSEQUENCE OF	FAILURE	14 121		8 DAYS.
S <u>CONTRIBL</u>	ITING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110
ONDITION FO	R WHICH OPERATION	ON WAS PERFORMED	200 AŬTOPSÝ?		VERE FINDINGS USED NG CAUSES OF DEATH?
	ONTH DAY YEAR	21c HOW INJURY OCCURE		RY IN ITEM 18 PART	I OR PART 2)
P.M.	RY	211 LOCATION	CITY OF TO	WN	COUNTY STATE

WEST CHESTER,

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

3 SEX 4 RACE FEMALE BI TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN COUNTRY **NEW YORK** I GITY OR TOWN OF DEATH 11. NAME USUAL RESIDENCE 130. STATE IF NURSING HOME OF OTHER INSTITU 136 COUNTY HARFORD MD 14 FATHER'S NAME MIDDLE HENRY 160 WAS DECEASED EVER IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION CERTIFICATION 19a DATE OF OPERATION 196 CC 210 ACCIDENT WAS UNDERLYING 216 TIA HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21a PLA EAT HON NOT WHILE 22a 1 certify that (1) (this haspital) attended the december from saw the deceased alive on and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, (1) (well did not) view the bady after death. 226. SIGNATURE DEGREE 22c DATE SIGNED 2018 mo ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Mham 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS CHARACE PEDE 131 S. UNION KAMRUDIN MARTIN 21078 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) CITY OF LOWN STATE

R. A. FERRIS AND CO

DHMH - 16 60M 7/84

BP.

FUNERAL DIRECTOR

ifd be detached the State Dept.

PORTANT.

CREMATION

24 FUNERAL DIRECTOR

22 MAY 1987

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

1 - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

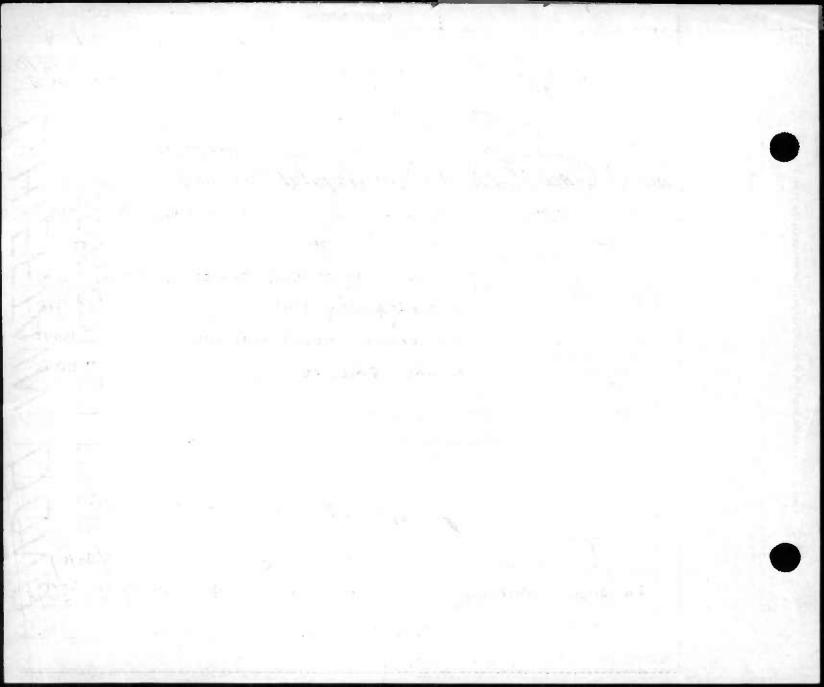
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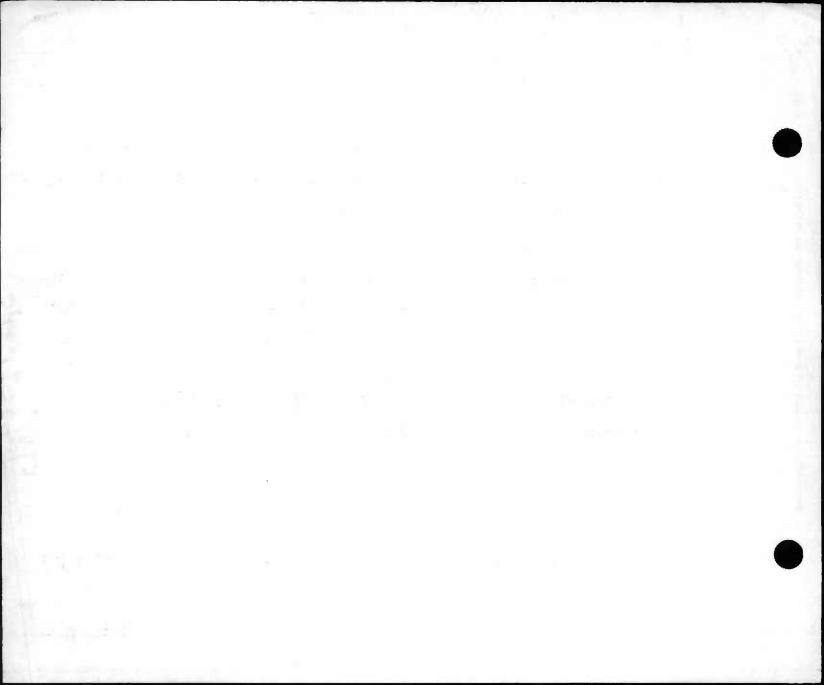
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(VRA 15, 4)



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BALTIMORE, MARYLAND 21201	المو
01 W. PRESTON ST.,	(
VITAL RECORDS, 201	
DIVISION OF 1	
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		TO STATE OF MARYLAND STATE OF M	1 2 2
053760 00	Y HAT	STATE DET FUNETAL HOME SB CERTIFICATE OF DEATH	14480
200200		ECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MG	ONTH DAY YEAR 26 HOUR
# 28	(14)	Margaret O. Bailey Ha	14 10 1987 5 38 M
dod dod	3.56	X 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHD	
4 of		Fenale white February 9, 1906 81	YRS DATS HOURS MIN.
Poor to	7o. 8	SIRTHPLACE ISTATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 RAITIMORE CITY OR	
1 16 3	25	COUNTRY) Maryland USA WIDOWED DIVORCED	Hartond no.
1 11 1	100	ITY OR TOWN OF DEATH: 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (I'PP OF WORK FOR MOST OF W	
8 DE 13 (9197	whe de Grace Harbord Removal Pospital SchoolTeach	
2 2 5	13a	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 130 COUNTY 134 COUNTY 134 INSIDE CITY LIMITS? 130 STREET ADDRESS / 2	UP CODE
W 2 4 1	2	HA. Perryville YES NO 505 Arc	
RYL 12 cy	1807	ATHER'S NAME FIRST MIDDLE LAS. 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAS.	LAST
A S SI	10	Elmer H. Owens Eleanor Little	
Net of the latest		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (145, NO OR UNKNOWN) (IFYES GIVE WAR OR DATES) 2 1 2 - 3 8 - 4 6 8 2	
TIMO	1	no 820-03-1294 Jane B. McCardell, Ha	
BALL of the contract of the co		18 CAUSE OF DEATH (Enter only one cause per line for iol, ib), and it. PART I, DEATH WAS CAUSED BY:	BETWEEN ONSETANDINGATH
12 ph		IMMEDIATE CAUSE (a)	muedido
No the control of the		DUE TO, OR AS A CONSEQUENCE OF	3.
deo deo otte		Conditions, if any, which gave rise to immediate (b)	cays
2 / 1113		cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	/ yaka
5 10 2 2 2 2		underlying cause last (c) Wolfuttation	par
2.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DEMINIAL DISEASE ON CONDITIONS SWALL AND SWAL	NON GIVEN IN PAR 110
CORDS	A A	2	706 IF YES, WERE FINDINGS USED
Per los	CERTIFICAT	42487 Forelelotanton VEST NOTO	N CERTIFYING CAUSES OF DEATH?
ITAI TAI TAI TAI TAI TAI TAI TAI TAI TAI		21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	
OF V	4	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
ON CO	MEDIC	716 INJURY OCCURRED 216 PLACE OF INJURY 21f LOCATION	COUNTY STATE
ASIA CONTRACTOR AND	M.	HILE NOT WHILE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN	COUNTY
Art Art		220.1 certify that (1) (this hospital) attended the deceased from 4-21 1987 to 5-10	, 19 , that (1) (we) fast
TEN TOR TOR TOR		sow the deceased alive on 5-10 1987, and that in (my) (our) opinion death occurred on the date	ond hour and from the causes stated
M A A A A A A A A A A A A A A A A A A A		abave, (I) (we) (did) (did nat) view the body ofter death. 226 SIGNATURE DEGREE	22c DATUSIGNED
the Doctor		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	ND 5/10/87
HOSPITAL med by the TUNERAL lide be det the Store	7	224 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS	
		Charles R. Eck 17 south yum AVC.	hli 21.78
5 5 5 5 3		BURIAL, CREMATION, REMOVAL 236, DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
BP		Burial May 14,1987Hopewell Cemetery Port De-50	State State
DHMH - 16 60M 7			REGISTRAN SSIGNATURE
(VRA 15, 4)	9	Lee A. Patterson & Son, Perryville, Md.	
	-		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO MIDDLE 2a DATE OF DEATH MONTH 26 HOUR DECEASED NAME FIRST (TYPE OR PRINT) 80 angalia DATE OF BIRT AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 MRS 3 SEX 4 RACE YEAR 1-3-1907 80 Female White BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balto. Md. U.S.A. Parlord County WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR ID CITY OF TOWN OF DEATH LITTE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY SElf-Employed Mango de Chron Memaria Grocer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 19 W. Belair Avenue-21001 Harfore Co. Md. Aberdeen NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME C MIDDLE MIDDLE 1.451 Salvatore SErio Antonia Jeppi 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Lutherville, Md. Poges (YES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 219-16-7674 John J. Battaglia - 317 W. Seminary AVe21093 No 18 CAUSE OF DEATH (Enter only one couse per line to talk and to) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) pa NOT WHILE

DHMH - 16 60M 7/84 (VRA 15. 4)

30 ld be deto the Stote

MPORTANT.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR John C. Miller, Inc,-6415 Belair Rd.-21206

DEGREE

22e ADU

23c NAME OF CEMETERY OR CREMATORY

Holy REdeemer Cem.

ATTENDING

BHYSICIAN |

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

23d LOCATION

STAFF

Baltimore, Maryland

MEDICAL

220 DATE SIGNED

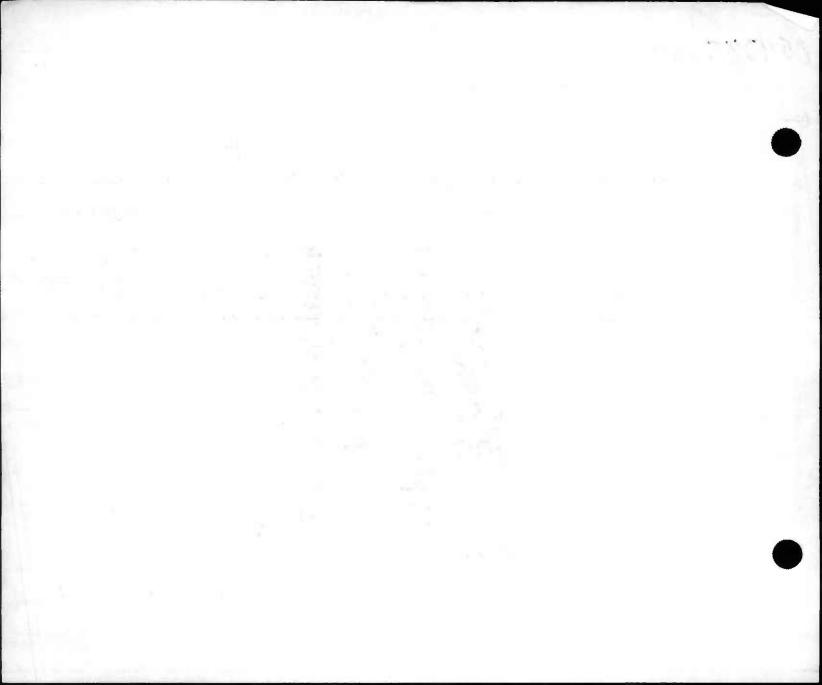
220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death

5-20-87

226. SIGNATURE

Burial

23a BURIAL CREMATION, REMOVAL



	Control of the second		STATE OF MARYLAND		
	FOR	DEPARTA	MENT OF HEALTH AND MENT	TAL HYGIENE O	1 4 4 0 0
E 20 E 0 1111 00	- STATE	AM LOUIS BRECHT	CERTIFICATE OF DEAT	TH O OFFICE NO	1 4 4 6 2
22222111 50	I. DECEASED NAME FIRST	AN LOUIS BRECH	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4. M.E	(TYPE OR PRINT)		0.2.11	20	18 1100K
oy be age 3 deoth	Willie	am Louis	Brecht		158/ 7:40 PM
д. ро	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
ctor s of	Male	Caucasian	1	15 41 YR	
90	To. BIRTHPLACE ESTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	- 9 BALTIMORE CITY OR COUN	
CA 35 }	COUNTRY)	fe c A	MARRIED NEVER MARR	RIED 1	
e 11	Ohio	U.J. A.	WIDOWED DIVORC		(COUNTY MD
i	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUT	120 USUAL OCCUPATION (TYPE OF WORK FOR YOST OF WORKING	17b. KIND OF BUSINESS OR
0 0	1341 Hin	806 May	Court	Housing Rep.	HUD
212	USUAL RESIDENCE (IF NURSING HON	E OR OTHER INSTITUTION GIVE RESIDENCE BEORE			
ND 24	Maryland 1	S. A Ray A	N 13d INSIDE CITY LI	IMITS? 13e.STREET ADDRESS / ZIP CO	Court 21014
rLA brin	14 FATHER'S NAME	Partola 11341 Mi	15 MOTHER'S MA	DENNAME	(000 / 22021
A B B B	FIRST	MIDDLE LAST	FIRST	MIDDLE	A LAST C
X D	John	W. Isreel	T LUCI	ille lignes	Bamtora
MORE e execu	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	6214 17 INFORMANT	ADDRESS	4
IMO ou o	YES 1191	70-1/74 161-36-6	214 Ann	Brecht 800	May Court
ALI Sicro ol.	18 CAUSE OF DEATH Ente	only one couse per line for (a), (b), on	dicit		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
f., B	PART I. DEATH WAS CA	DIATE CAUSE (0) Glick	lactoma M	ultiforme	~ one year
2 to 00 5 6	IMME	SIATE CAUSE (0)			
TON oth co		DUE TO, OR AS A CONSEQUE	NCE OF		
de de rou	Conditions, if any, which gove rise to immediate				
the the	couse (a), stating the		NCE OF		75
thot thot by sose oil, or oth	underlying couse lost	(_(c)	9 -40 -30		
res t res t ple purio y, or	PART 2 OTHER SIGNIFICAT	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART No
ORDS, requir	Z				
beer mit	190 DATE OF OPERATION 9/7/86 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
2	E 9/0/01	Ranna		_ \	TIFYING CAUSES OF DEATH?
A Finata	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	131. HOW INDUEN	OCCURRED (ENTER NATURE OF INJURY IN ITEM	YES NO
J OF VITA SICIAN: The g physicic errificate riol-transit ental Hygie	00.00.00.00.00.00.00.00.00.00.00		Y YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
SSICI ng I n	S (IF EITHER NOTIFY MEDICAL EXAM	INER) P.M.	19		
DIVISION OF VIT	CIFEITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
DIVISION OF PHY or other this e os the buolth and M morked or	AT WORK NOT WHILE AT WORK				
DING or o or o or o se os eolth mort	220.1 certify that (1) (this hi	ospital) attended the deceased from	9 19	25 to 5/15	, 19 + 7 , tho (h) (we) lost
OR OR	sow the deceased alive	on 5/15 19 d	7 , and that in (my) (our)	opinion death occurred on the date and l	nour and from the causes stated
OR ATT OR ATT DIRECT OCHEG I: Dept. of Hem 2	obove (1) (ye did) (die	not: view the body ofter death	DEGREE		22c DATE SIGNED
		1. 11101.	A	IDING MEDICAL STAFF	51.5/2
	- Cu	C. /VCC	(11113	ICIAN DIRECTOR PHYSICIAN	13/13/8/
FUNESA OUR Se de Nine Store	27d. PHYSICIAN'S NAME (T	PE OR PRINT)	22e ADDRESS		1 1
0 -02-61	DAVID	W. McClure	20 1131	Bel Ain 14	Bel Air Md.
Of of war Man	230 BURIAL, CREMATION, REMOV		IAME OF CEMETERY OR CREM		
BP	(SPECIFY)			CITY OR TOWN	MONTY STATE
Dr	Burial 24 FUNERAL DIRECTOR		Bel Air Memo		
DHMH - 16 60M 7/84	NAME		Belair Rd	MAY 1 9 198/1	ISTRAR'S SIGNATURE
(VRA 15, 4)	SCHIMUNEK FU	NERAL HOME, Bal	to, Md. 212	B6 WIA1 2 3 100.	

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21:	400	5.7
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN. The fow a point that the death certificate be executed within 24 hopes or one-adding physician.	FUNERAL DIRECTOR: After this certificate has been thought by the otherding physician and completely filled in the
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	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 7	144	8 3
(3 % 19 19 1		CEASED NAME FIRST	RY J.	BRO	WV -		5-11-87	26 HOUR 7 / 1/57
T ST	3 SE	X FEMALE	4. RACE WHITE	S. DATE C		6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
of the state of		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	1	R COUNTY OF DEATH	MD.
1282	10 C	AUSTON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE SMEET		MOSPITAL HOSPITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKER		OF BUSINESS OR
filled in Solid the		AL RESIDENCE (IF NURSING HOME O STATE 136 COU MD HARF			13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 628 OLD ORCH		21014
Send 23		THER'S NAME FIRST HENRY VAS DECEASED EVER IN U.S. A	B. BUSCH RMED FORCES? 166 SOCIAL SECU		15 MOTHER'S MAIDEN NAM FIRST MARGARET	ME MIDDLE	BENNE	
be erred			220 44 69		MR. T. CARROLL B		SAME AS #13e	KIMATE INTERVAL ONSET AND DEATH
uine that the death certification of the other corbon to burial, cremption, or remaining even injury, or other traumorite even	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) ARTERIA DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	BROTIL PAR		LAR DISSALS	a
7 2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE FIND II IN CERTIFYING CAUSES YES	
SICIAIN ng ph ter certifica viol-tr tental H	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) HOUR A.M. MONIH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I OR PART ?)	
NG PHY ofter this os the bu th ond M orked or	MED	21d. INJURY OCCURRED	(AT HOME STREET FACTORY OFFICE I	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ATTENDI Spital or CTOR: A for use i. of Heol		saw the deceased alive as above, (I) (val) (did) (did	ital) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	87. or	nd that in (my) (<u>our)</u> opinion o		ate and have and from the	
by the hore by the hore e detocher Stote Dept		22d. SIGNATURE	Deuman	Jas	ATTENDING PHYSICIAN X	MEDICAL STAF DIRECTOR PHYSIC	FF	Y 1987
TO HOSPITA retoined by TO FUNERA should be de with the Stot		PHILIP W	HEUMAN M	n.D.	307 HICKOR		BEL AIR, M	of 21014
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			EMETERY OR CREMATORY RESBYTERIAN CEMETI	1	N, HARFORD COUN	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME ITCHELL FUNERAL HO	ME PA, HAVRE de GRAC	E, MD.		AY 1 4 1007	256 REGISTRAR'S SIGNAT	TURE

Lucia Spinder Dade

53753

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CLD AGE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG.	NO.				
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	PA	REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	
oge 3			Catherine Marcella		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
offer p	3 SE	x Female	Total to	ATE OF BIRTH MONTH DAY 12, 1907	6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS.	MONTHS DAYS HOURS A
h. Pogr	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
deoth.		Pennsylvania		OWED DIVORCED	Hartord	(0,
by the filled wift		Fallston	11. NAME OF HOSPITAL, NURSING HOLLENDY BUCH FACILITY, GIVE STREET ADDRESS TO DOM.	Hosp	120 USUAL OCCUPATION (149E OF WORK FOR MOST OF WORKING I	17b. KIND OF BUSINESS INDUSTRY
filled in	13a : Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU! ryland Harf	NTY 13c CITY OR TOWN	YES NO X	13e STREET ADDRESS / ZIP COR 2303 Pine Stre	
ompletely and 2 st	14. F/	Paul -	Merkarewicz	Josepha	WIDDIE	Stankovich
on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GP NO	RMED FORCES? 166 SOCIAL SECURITY N VE WAR OR DATES) 218-22-0758		cott, 2303 Pine	21040 Street,Edgew
requires that the en signed by the	TION		CONDITIONS CONTRIBUTING TO DEATH		NINAL DISEASE OR CONDITION G	
bring bring	18	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? 206 IF YI	
he lo	RTIFIC				YES NOT IN CERT	ES NO
he lo	ICAL CERTIFICATION	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M. MONTH DAY YE	EAR 19	IN CERT	IFYING CAUSES OF DEATH?
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, JOI W. PRESTON ST., BALTIMORE, MARTLAND 2 1201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be
etonico oy me nospinor or orrenoming priyation.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and compliants that the page 3
without or entorned to use so me boundarings permit in the theory without or entorned to the control of the con
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or after traument event, the medical examination of carried at pack

DEPARTMENT OF HEALTH AND MENTAL HYGIENES		STAIL OLW		
	DEPARTMEN	T OF HEALTH	AND MENTAL	HYGIENES
CERTIFICATE OF DEATH	C	ERTIFICATE	OF DEATH	

1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENES 7	NO.	e e	8 5
(TYPE	CEASED NAME	Jesse	E.	NIDDLE	Burke	entine	20 DATE OF DEATH	5 - 29	* 87	26 HOUR 12
3 SE	Male	4 RA	Whi	te	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST	YRS	UNDER I YEAR	IF UNDER 2 HRS HOURS MIN.
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Ha	Vire de Gyme AL RESIDENCE (IF NURS)	E	(IF NOT IN SUC	FACILITY, GIVE STREET LIMINAL GIVE RESIDENCE BEFORE	ADDRESS) LO	spital	(TYPE OF WORK FOR MOS	TOF WORKING LIFE)	INDUSTRY	VT (APG)
13a S		136 COUNTY	1	Aberde	N	YES NOTHER'S MAIDEN N	130 STREET ADDRES	Park CODE	Buch	Un 21001
	FIRST	R.		BURKENTINE		DELLA 17 INFORMANT	F.		LUN	GREN
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR		220-22-						
	18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED BY IMMEDIATE CA	USE (o)	AS A CONSEQUE	ulmo	inter K	UPEST		BETWEEN C	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which dedicate	(b)	LACY I	ic.	SHOCK			2	House
CERTIFICATION	PART 2 OTHER SIGN	EVT	MTO	ICAROL/	41	NOT RELATED TO THE TER NEAR TO NOT THE TER N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, \	WERE FINDIN	NGS USED
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	22d PHYSICIAN'S NA	ME (TYPE OFFIN	Fex	TR	V	ATTENDING PHYSICIAN 276 ADDRESS 77 3	MEDICAL ST DIRECTOR PHYS	AFF SICIAN	18150	29/87
	00000			41,	-6	1 - 6	1	1	146	500

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

BURIAL

F. ECK JK.

231 NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY

23d LOCATION
CITY OR TOWN
FOUNTAIN GREEN, HARFORD CO, MD.

24 FUNERAL DIRECTOR

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

2JUNE1987

250 DATE RECD BY REGISTRAR 250 REGISTRAR SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

		FOR			STA	TE OF MARY		GIENE			
53618 111		STATE REGISTRAR		MEI	DICAL EXAMIN			EN 60 3	REG. NO.	4 4	8 6
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長殿鵬	1		/	(IF NOT IN SUCH FA	on General			FOR MOST OF WOR	KING LIFE)	01	RINDUSTRY
See See	USU	Falls	N NURSING HOME C	DR OTHER INSTITUTION, GIV	PERESIDENCE BEFORE ADMISSIN	ON)				US	ARMY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120'S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCI. IN ITEM 18. GIVE PAGES 1.2. WE RED TO THE CHIEF MEDICAL EXAMINES AGONG WITH HOPE PAGES 1.2. SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGES 1.0. SHOULD BE DEED AS A BURIAL - TRANSIT PERMIT PAGES 1.0. SHOULD BE USED AS A BURIAL - TRANSIT PAGES 1.0. SHOULD BE USED AS A BURIAL - TRANSIT PAGES 1.0. SHOULD BE USED AS A BURIAL CREMATION, OR REMOVAL	30. S	GA	BIB	BB	Macon	13d. II YES	NSIDE CITY LIMITS?	1904 3r	d St.	3120	799
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07/84/ BP		UNERAL DIRECTO			MIDDLE G	EUNGLA.	250. DATE RE	C'D. BY REGISTRA	R 256 REGISTR		TURE
DHMH - 17 (VR A15 ME (5))	1	W. W. CHA	MBERS (CO., Silve	er Spring. N	MD 209]	LO MAY	1 5 1987	Jelia 1	Dividen:	Pendage

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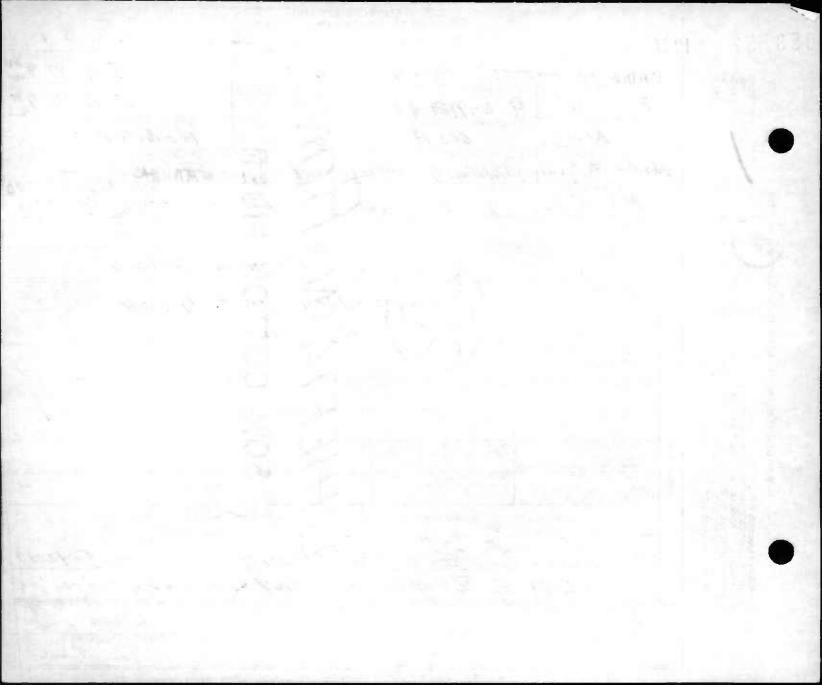
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T. J. WEILLING CO., SERVEY STATES FOR EAST CORES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN b. HOUR 930 (TYPE OR PRINT) ESTI-R YOUR FILES. HIN 72 HOURS (STON STREET, SADIE DEATH MATED 19 CLM 2d HOUR 936 4 RACE AGE IN YEARS IF UNDER 24 HRS DATE OF BIRTH IF UNDER 1 YR DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FILED. I CITY OR TOWN OF DEA KIND OF BUSINESS 2206 GLEV COVE RD 3a. STATE 13d INSIDE CITY LIMITS? ARLINGTON, MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Calvin Greelv Ferguson Joines ADDRESS [YES, NO, OR UNKNOWN] No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM IS FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VIOLE Y PAGE 3 YAOLUD BE USED AS A BURIAL. TRANSIT PERMIT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PPIOR TO BURIAL, CREMATION, OR REMOVAL. PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES _ NO [] 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INTURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFFER DEATH, WITH THE ST. BANTIMORE, MARYLAND, 2 Inspection & 22a I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Accident Hamicide L death resulted fram: Natural causes Suicide Undetermined manner alliance ST Hole G 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 5/16/87 BelAir Mem. Gardens Md Harford BP 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3399 (VR A15 ME (5))



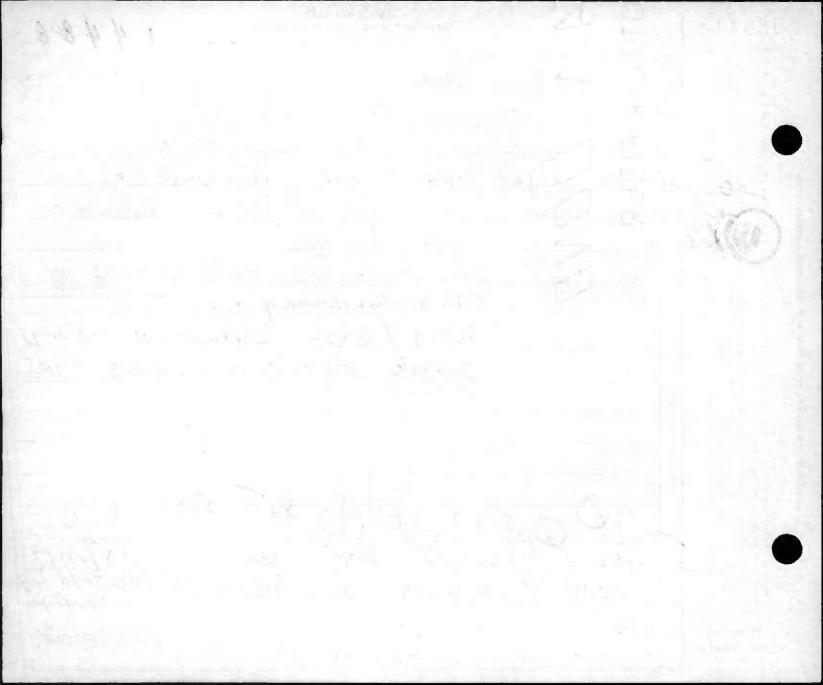
DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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PEPARTMENT OF HEALTH AND MENTAL HYGIENE	C
CERTIFICATE OF DEATH	0

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1	note.	White		MONTH DAY	28	,59	MON	THS DATS	HOURS MI
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 /		9 BALTIMORE CITY OR	COUNTY OF	DEATH	
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10. C	ITY OR TOWN OF DEATH	11. NAME OF		G HOME OR OTHER INS	-	120 USUAL OCCUPATIO			F BUSINESS
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P	ay	E.	Davis	То	nnie	MIDDLE		Wvatt	
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TIFICATION	couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	ONTRIBUTING TO D	DEATH BUT NOT RELATED			5.15	G CAUSES	
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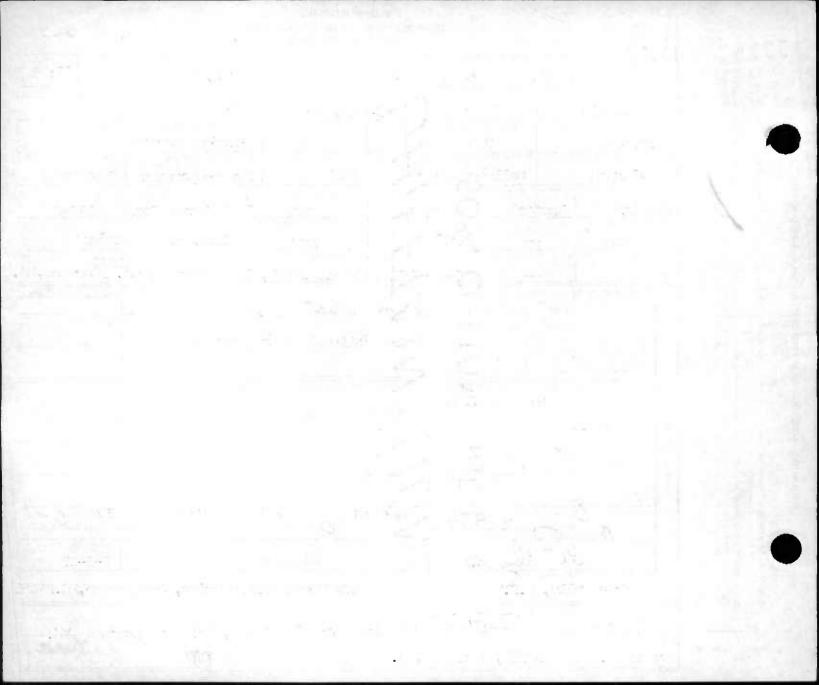


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL	HYGIENE	REG. NO	4] do.	8 9
		OR PRINT	FIRST		MIDDLE		LAST	20 DAT	E OF DEATH	MONTH DA	Y YEAR	2b HOUR
	(TYPE	OR PRINT)	ETHEL	N	iae i	DIAKO	3	May	8, 198	7		11:38 AM
	3 SE)	(4.	RACE	100	5. DATE O		6 AGE	(IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS.
		Female		Whi	te	TOL	15, 1907	7	19	YRS	NTHS DATS	HOURS MIN.
Ì		RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALT	IMORE CITY O		FDEATH	
Ì		rginia		US	SA	WIDOW		TY	rford (County		MD
i	10 CI	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION		JAL OCCUPATION		12b. KIND C	F BUSINESS OR
)		Fallston	100		on Genera		spital	' -	ner-Oper			aurant
ell .	13a. S	AL RESIDENCE (IF NURS TATE ryland	136 COUNTY Harfo	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Edgewood	N	13d. INSIDE CITY LIMITS		EET ADDRESS /		21	1040
	I4 FA	THER'S NAME FIRST ROY	MI	DDLE	Griffey		15. MOTHER'S MAIDEN		Elizabet	h I	unfor	å
Ī		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS	21040	
	no "	ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	227-24-73	318	Connie Smi	th, 120)5 Hanso	n Road	i, Edge	ewood, Md.
		18 CAUSE OF DEAT	H (Enter only	one couse pe	r line for (a), (b), and	d (cv)						MATE INTERVAL ONSET AND DEATH
١		PARTI. DEATH W	IMMEDIATE		CAR	DIAC	ARREST					
		Conditions, if any, gove rise to immediate (a), stating underlying couse	mediate ng the	(b)	R AS A CONSEQUE	ART	DISEASE : C	HF, A	SCVD			
	,	PART 2 OTHER SIGN	VIFICANT CO			EATH BUT	NOT RELATED TO THE T	TERMINAL DIS	EASE OR CONE	DITION GIVEN	IN PART 1	0
	Į į		HX		KES	200						
	CERTIFICATION	190 DATE OF OPERA	-	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	NO NO		_	OF DEATH?
/		210. ACCIDENT WAS UNIT OR CONTRIBUTIONS (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	10000	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OC	CURRED (ENT	ER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
	MEDICAL	21d INJURY OCCUR	THE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
		220.1 certify that (1)	(this hospitol) offended (1-87 19	- 0	nd that in (our) opin	\$7, to_ nion death acc	MAY curred on the do	te and hour o		that (we) last couses stated
		776 SIGNATURE	le To	(n .	D	5	DEGREE ATTENDIN PHYSICIA	NG MEDIC	CAL STAF	F IAN []	22c. DATE 5-8-	
		ZZd. PHYSICIAN'S N. Kate Tu					626 Towne	Center	Drive,	Joppa	towne	,Md.21085
	(urial, cremation, specify) Burial	REMOVAL	MBF 1	1, 198 73c N		r Memorial (Gardens		ir Ha	rford	STATE MG
		ward K. Mo	Comas	III, A	Abingdon, N	1d. 2		MAY 1	2 1987	75b REGISTP	ARS SIGNAL	fands 12

DHMH - 16 60M 7/84 (VRA 15, 4)



STREET OF INTEREST.		STATE	OF	MARYLAND	
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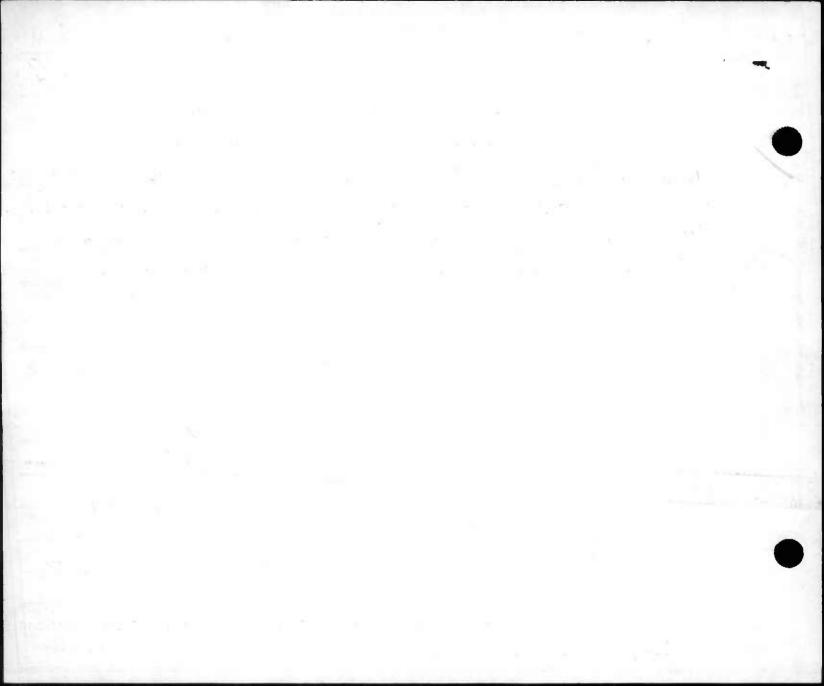
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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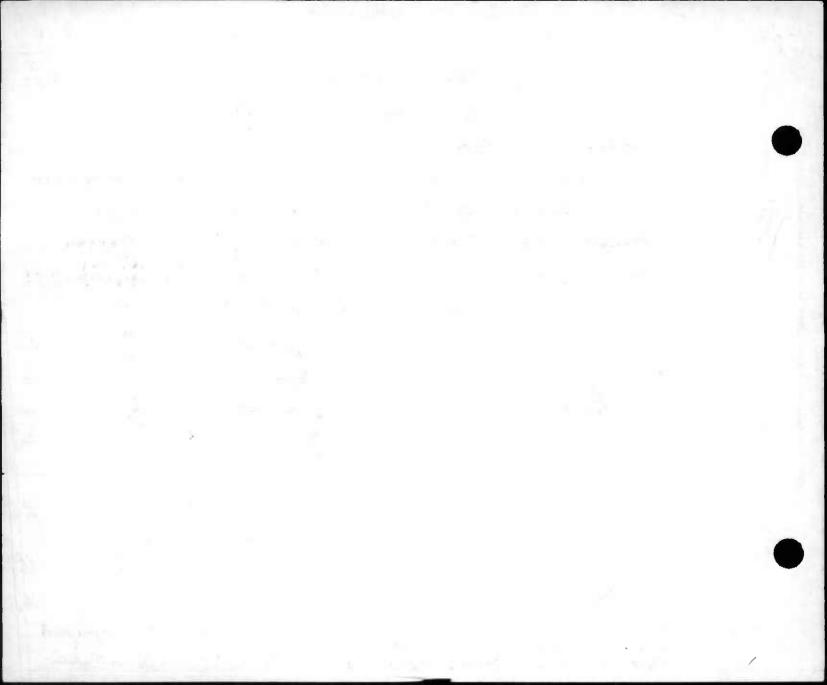
1	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO.	4 4	190
		CEASED NAME FIRST E/S/E		P.	26	rsey	20. DATE	of DEATH MONTH	187	26 HOURS
	3.5E	Female	Black		5. DATE C	DAY YEAR		YYS. YRS	MONTHS UAT	
5	7a BII	RTHPLACE (STATE OR FOREIGN). COUNTRY) Maryland		WHAT COUNTRY?	8	D NEVER MARRIED		HORE CATY OR COUN		MD
6				OSPITAL, NURSIN		OR OTHER INSTITUTION	TYPE OF W	LOCCUPATION ORK FOR MOST OF WORKING ORY Service	LIFE INDUSTR	of BUSINESS OR Y bridge NTC
3	13e S	AL RESIDENCE (IF NURSING HOME OR STATE 13) COUN COC	TY	GIVE RESIDENCE BEFORE 130. CITY OR TOW Port Dep	N	134 INSIDE CITY LIMITS?	190	TADDRESS / ZIP CO N. Main St	.,Port	21904 Deposit,Md
1) FA	Tansey	AIDDLE	Thoma	s	15. MOTHER'S MAIDEN NA/	ME	MIDDLE	Higgb	othan
2		VAS DECEASED EVER IN U.S. ARM	MED FORCES? WAR OR DATES)	217-12-6		Franklin Ste	wart	Conowing	o, Md.	
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO OF		DEATH BUT	NOT RELATED TO THE TERM	200 AU	TOPSY? 206. IF Y	YES, WERE FINE TIFYING CAUSI	DINGS USED ES OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	In .	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	YES	4-4	YES 3	NO []
	MEDICAL	214 INJURY OCCURRED	21e PLACE (OF INJURY BET FACTORY OFFICE, F	ARM EIC)	21f LOCATION STREET	n	CITY OR TOWN	COUNTY	STATE
		The free tily that II (this haspit in) the disposed alive an alian (this e) (did) (did not the Subhanturit	,5 -	200 19		nd that in (my) (our) apinion of DEGREE			aur and from the	that (II (we) last the causes stated
-	1	THE INSTRUMES NAME (TYPE OF	PRINT)	1.0, 3,	192	PHYSICIAN D 27 ADDRESS	Ave	STAFF PHYSICIAN	06 Gn	787 106
		BURIAL, CREMATION, REMOVAL Burial	May 26			emertery or crematory emorial Cem.	- (t Deposit	Cecil	Maryland
	d	A Parterson	Son, I	PerryVIII	e, Ma		11/0	REGISTRAR 256 REG	ISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

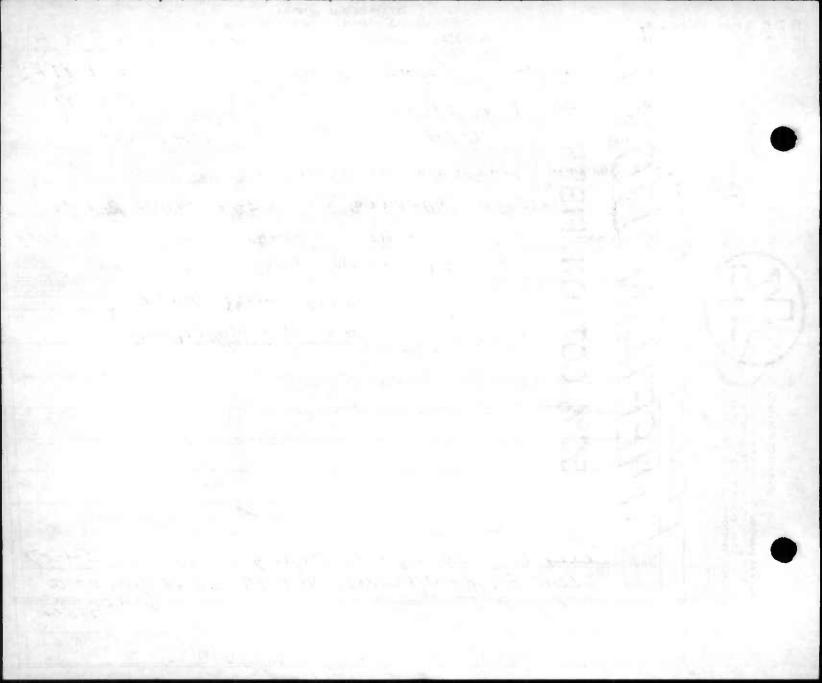
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						STATE OF MARY	'LAND				
	1	FOR STATE			DEPARTM	ENT OF HEALTH AN	D MENTAL HY	GIENE 8 7	1	4 4	9
53912 144	m i	REGISTRAR				CERTIFICATE OF	DEATH	REC	5. NO		
1 2 107.1		EASED NAME	FIRST	MIDDLE		LAST (Edi	unrds)	20 DATE OF DEAT		DAY YEAR 21	HOUR
o e 9 e e	(TYPE	OR PRINT)	hirl	eu Li	EE	Edwar	de	May 11,1987	5 -1	97	5 10
poge r deoi	3. SE)		14	RACE		5. DATE OF BIRTH	43	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR IF	UNDER 2 HRS
for. offe		tou.l.		1.1.+		MONTH DAY	YEAR	62		MONTHS DATS H	OURS MIN.
lirec ours	7= DII	RTHPLACE (STATE OF F	000.00	CITIZEN OF WHA	COUNTRY	Abr: 1 57	1925	BALTIMORE CI	YRS	OF DE AVI	
# 25 X2 3		OUNTRY)	OREIGN /			MARRIED NEVE		F BALTIMORE CI	T OK COUNTY	11 / /	
31 32	10.01	Arrginia		4.2.2		WIDOWED X	DIVORCED			tar and	MD.
1 11/1/	11	TY OR TOWN OF DEA	III	(IF NOT IN SUCH FACE			NSTITUTION	120 USUAL OCCU	OST OF WORKING LIF		
	HA	Ve de Gro		Harlord	Mete	ria 10501	IAL	Housewa	FE	Hewen	AKET
E 2 64-45	13a S	AL RESIDENCE (IF NURS	136 COUNT	Y 13c.	ESIDENCE BEFORE	ADMISSIONI 1 13d. INSIDE	CITY LIMITS?	134 STREET ADDRI	SS / ZIP CODE	10.2	11011
ON (A) FROM		Hd.	Harry		arretts	111e YES -	NO 🙀	3228	Sharo	N Rat.	084
	14 FA	THER'S NAME		DDIE	1467	15 MOTHE	R'S MAIDEN NA		a E	1467	- 12
* XY IN CKU		Frazier	FE	E	nonk		SHIOE	Alice		FETTE	N
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BIX DETERMINED THE SECURE AND PROPERTY OF THE SECURE AND SECU		VAS DECEASED EVER			SOCIAL SECU		MAN (500) 60	12-9346 A	DRESS Shar	. 5 . 1	
NOW BERN	()	(ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	5-32-4	002 me, P		Edwards 3	Committee of	by Koayla	121084
4 60								/	MILE BILLS	APPROXIMA	TE INTERVAL SET AND DEATH
B. cot		18 CAUSE OF DEAT PART I, DEATH W	AS CAUSED	BY.	1	2010201	-FAI	1120		BETWEEN ON	ET AND DEATH
TS and a series			IMMEDIATE	CAUSE (a)	apu	aw vin	11-011	UTT	1	1	-
or to con motific to the				DUE TO, OR AS	A CONSEQUE	NCE OF /	1/2	10/12	+	h /.	
dec dec office of the office o	100	Conditions, if any, gave rise to im-		(b) <u>(</u>	0000	rues ju	100011	DOSTAL	UMP	MILLERY	nary
Y. P		cause (a), statin		DUE TO, OR AS	A CONSEQUE	NCE OF	1038				
A to		underlying couse	1051.	(c)							
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7	PART 2 OTHER SIGN	NIFHEANT CO	ONDITIONS CONTR	BUTING TO D	EATH BUT NOT RELAT	ED TO THE TER	MINAL DISEASE OR	9 NOTION GIV	EN IN PART 110	
08	CERTIFICATION	117	Tario	ecl can't	10	C020101	205 Cu	lan c	150BSE	2	
ECC STATE OF	S	19a DATE OF OPERA	TION	196 CONDITION	FOR WHICH	OPERATION WAS PER	FORMED	208 AUTOPSY?	206. IF YES	WERE FINDING YING CAUSES OF	S USED DEATH?
N 221	E							YES NO			NO 🗆
The state of the s	Ü	210. ACCIDENT WAS UNE		HOUR A.M.		Y YEAR 21c HOW	INJURY OCCUP	RED (ENTER NATURE O	INJURY IN ITEM TO P	ART T OR PART 2)	
A TOPE	EDICAL	OR CONTRIBUTING		P.M.	MOININ DA	19					
NO SER COM	ĕ	21d INJURY OCCUR		21e PLACE OF IN		211 LOCA		4.74	OR TOWN	COUNTY	STATE
ISI E F P P P	ξ	WHILE NOT WE	INE	(AT HOME, STREET, FA	ACTORY OFFICE, F.	ARM ETC)	REET	CHT	OR IOWIA	000111	STATE
NO PARTIE		22s 1 certify that (I)		I) ottended the dec	eased from	5- 7	1087	10 5-1	1	10 8 7 the	ot (I) (we) last
N TO SO ST T	0.3	saw the Decease	ed alive an_	5-11	198	and that in (n	ny) (aur) opinian	death occurred on t	he date and hou		
A CALCAST		abovy (f) (we) (c	did I did not 1	view the body ofter	death.	DEGREE				22c DATE SIC	
S HOUSE) (a)	. 1	1		DEGREE	ATTENDING	MEDICAL	STAFF	maril	2 100
4 4 4 4 4 5		1000	7 /2	J J UK	1	14		DIRECTOR PH	YSICIAN []	NIUTIO	2, 170
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25 -212	23a. B	SURIAL, CREMATION,	REMOVAL	23b. DATE		AME OF CEMETERY C		23d LOCATION	VN.	COUNTY MO	.2/078
BP	-	Burial		may 14, 198	BE TE	Are MEMBER	of Grades	5 BET AIR	Harford G	maybeel "	SICIA
DHMH - 16 60M 7/B4	24 FL	INERAL DIRECTOR	m Fact	ET SO WIT	Brandwa	ma Williams	25a DA	TE REC'D. BY REGIST	RAR 256 REGIST	RAR'S SIGNATUR	E
(VRA 15, 4)	0	myle Wille	- Fratic	BH A	in Marin	ind 21014	MA	Y 14 1007	Julia De	ridern Pand	ACC



			FOR			E OF MARYLAND	AI HYGIENE				
27	523 417		STATE	MED		R'S CERTIFICAT	E OF DEATH	REG. PO.	4 4	, 9	2
		I. DE	CEASED NAME FIRST		WIDDLE	LAST	20. DA	TE KNOWN	MONTH D	AY YEAR	Zh HOU!
	ES. ES. ET,	(TYP	RAL RAL	ph	EDWARD	Ellis	DEA	TH MATED	5	1 1987	Rat
	ARY, PIEASE DIRECTOR. FOUR FILES. 10 STREET,	3 SEX	M RACE	5 DATE OF BIRTH	YEAR LAST BIRTHDAY	MONTHS DAYS HOUR	S I MIN PRONC	ATE DUNCED EAD	J /	NAY YEAR	24 HOU
	NEGESSARY FUNERAL DIE FOX YOU WITHIN 72 PECTON		RTHPLACE (STATE OR REIGN COUNTRY) M M	76 CITIZEN OF WH	JA	MARRIED WEVER M	ARRIED 9 BAL	HARF	COUNTYO	FDEATH	IM.
	ELAY IS IN THE F	1	avre de grace	HARF	OR DESTREET ADDRESS!		FOR MOST OF	CUPATION (TYPE O WORKING LIFE) SS Owner	F WORK 12h	OR INDUSTR	
.21201	ANY D	USUA 13a S		OR OTHER INSTITUTION, GIVING THE PROPERTY OF T	13 CITY OR TOWN	ALL 13d INSIDE CITY LIMI		Tames	s Rui	2 / Rd.	5/
RE, MD.	GES 1, 2 A PW 3 A PW 3		William	WIDDLE	LAST EIII	15. MOTHER'S M	48	BELL		SCOT	
ALTIMO	VE PA VE PA 1 FOR 1 FOR SION		VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN] (IF YES, GIVE NO	RMED FORCES? E WAR OR DATES)	219-36-1	PP6 Be	Hy El	//J- 3316 Aber	5 Jame rdeen,	s Run Md. 2	Road 21001
01 W. PRESTON ST.	FED WITHIN 24 HOURS, AND THE 18, GE WITHIN A COUNTY OF WITHIN A COUNTY OF THE COUNTY O		18 CAUSE OF DEATH (Enter of PART DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (a) stating the under lying cause lost.	ED BY: ITE CAUSE (o) DUE TO, OR A (b)	7	ASCUD	Heart - Hyp	DISCULL		approxima I e Between onset	INTERVAL
RECORDS. 2	BE E CO	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN	IN PART 1 to				
7	PED PER WILL OF HEAD	CERTIFICATION	190. DATE OF OPERATION	196. CONDITI	ION FOR WHICH OPERA	TION WAS PERFORMED?			20	0 AUTOPSY?	NO []
ONOFVIT	IFICATE SI THE WO TO THE COULD BE ARTMENT OR TO BU		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	21c. HOW INJURY OCCU	URRED (ENTER NATURE C	F INJURY IN ITEM 18 PAR	RT 1 OR PART 2)		
DIVISION	WRITING WRITING WRITING ARDED 1 AGE 3 SH ATE DEPA 1201 PRICE	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		FINJURY (AT HOME, DRY, EARM, ETC.)	211. LOCATION STREET	CITY O	RTOWN	COUNTY		STATE
•	TO MEDICAL EXAMINER: TO PERCENTIFICATE, YERCUTE THE CERTIFICATE, YERCAL STORM BE FORW TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STARMORE, MARYLAND, 2		270. I certify that I took chardeath resulted from: Notu		Accident . Sur		ection . Inquirection	d manner .	DATE SIGNED	5-1-0 re q	+>
	PAGE TO FU	15	JRIAL, CREMATION, REMOVAL			ETERY OR CREMATORY	23d LOCATIO		COUNTY	2/07	K
07/84 25M	BP		urial JNERAL DIRECTOR	May 4, 198	37 Harford 1	Memorial Gar			arfor		•
	DHMH - 17 (VR A15 ME (5))		NAME Tring Funeral H	lome, P.A.	333 S. Park Aberdeen. N	te St. 21001	MAY 5 19		Duridan		LA



	40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. ned by the haspital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	=
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	HOSPITAL OR ATTENDING PHYSICIAN: The landed by the haspital or otherding physician.
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536	7 0 1117 19	37-	STATE by F. H., REGISTRAR	/ Gbj.	DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	8 / REG. NO		4 4	93
	oth oth		OR PRINT) FIRST		WIS	FIN	2 <i>A</i>	20 DATE OF DEATH	5-11-	87	26 HOUR
	poge 3	3. SEX	410	4. RACE	MID	5. DATE C	OF BIRTH	6. AGE TIN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	ector.	J. J.	Male	Whi	.te		3, 1922 YEAR	64		NIHS DAYS	HOURS MIN.
	rerol dir		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	MD
10	s ofter d		FAUSTON	11. NAME OF H	H FACILITY GIVE STREET	G HOME C	OSPITAL)	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Retired	NC	126. KIND OF INDUSTRY Milita	BUSINESS OR
AND 212	24 hours	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN Cyland Har	other institution, ITY Ford	GIVE RESIDENCE BEFORE 131 CITY OR TOWN 1000000000000000000000000000000000000	ADMISSION!	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / 202 Chell		21085	
	里 经外分人	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
MAR	pa de la			ewis	Flora		Colleen			Kenne	_
BALTIMORE,	e execu n and a Pages			MED FORCES? E WAR OR DATES)	283-12-3		Elsie J. Flo	ADDRE		210	
ST., BALTI	physician npapers. moval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per			HRREST	ra, zuz che	II NOOL	APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
201 W. PRESTON S	is that the death ce ed by the attending please remove carbo rial, cremation, arri ar ather traumatic.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF		NCE OF	ARTERY 210 SCLF POSI				
DIVISION OF VITAL RECORDS,	n. nos been sign permit Then ne prior to bu	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
OFVITA	rysicians The ding physicia is certificate h burial-transit Mental Hygie		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR				
NOISION	ING PHYS Wher this os the but Ith and Me	MEDICAL	21d, INJURY OCCURRED WHILE ON WHILE OF ALL WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	ATTENDI ispital ar CTOR: A d for use d for use i. af Heali n 21 is ma		27a.1 certify that (1) (this haspi saw the deceased alive on upave, (1) (we) (did) (did no	7/11	19 €	/	nd that in (my) (our) apinion	death accurred on the do	ite and hour a		
	ITAL OR by the hory the hory detocher detocher lote Dep		Donton. m	unahil	m			MEDICAL STAF	F IAN 🗌	1713/	
	TO HOSPITAL OF TO FUNERAL IS should be deto with the Store IMPORTANT: If		PANTE W	MONK		V	Horride 6	ince, red	_ 210	18.	
		- (URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		OUNTY	STATE
4	BP		Cremation UNERAL DIRECTOR	May 13	1987 R.A	Ferr	is & Co. 250 DAT	W.Chester E REC'D. BY REGISTRAR	Ches Mh.REGISERA	ster RIS SIGNATI	Pa.
	DHMH - 16 60M 7/84 (VRA 15, 4)		ward K. McComas	III, A	oingdon, M	d. 21	009 MA	Y 1 5 1987.	No. 20	Seal - [6	MARINE.

other troumotic event,

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shows

or Item

IMPORTANT: If Item 2

CERTIFICATION

MEDICAL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGI
CERTIFICATE OF DEATH

REG. NO

-	I. DECEASED NAME FIRST	MIDDLE	LASI	70 DATE OF DEATH MONTH	ZA HOUR
	(TYPE OR PRINT) Jerol	INE G	Franklin	May 1371	1981 23A
1	3 SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN EARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	F	B	3 19 24	66 YRS	MONTHS DAYS HOURS MIN.
4	TO BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 Date Date Date D	9 BALTIMORE CITY OR COUN	TY OF DEATH
1	7770	USH	MARRIED NEVER MARRIED WIDOWED DIVORCED	Hartord	M
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OF
-	HAVRE DE GRACE	HARFORD M	emorial Hosp.	LOXIVED WORKING	TUPE) INDUSTRY
-	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13. CITY OR TOW		13e. STREET ADDRESS / ZIP CO	NOE St 21078
	14 FATHER'S NAME		TS. MOTHER'S MAIDEN NA		1 1
1	Charles	A Hollar	vd Christing	e MIDDLE C	wisty
	160 WAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS	
	140	VE WAR OR DATES! 215-16-	6910 Carolyw Jil	es Bosami	e as above
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per Ale 10 11 , on ED BY TE CAUSE (a)	CIRCULATURY	COLLAPSE	BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF UREMIX	4	
	gave rise to immediate	107	0		

couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF Rinal Failure underlying couse OR CONDITION GIVEN IN PART 110

TERMINAL DISEASE OF 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED

210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

AT HOME, STREET, FACTORY, OFFICE FARM, ETC)

IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [(ENTER NATURE OF INJURY IN ITEM TO PART T OR PART 2)

HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21d. INJURY OCCURRED

WHILE NO! WHILE 220.1 certify that (1) (this hospital) attended the deceased from 211 LOCATION CITY OF TOWN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

STATE

COUNTY

sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death

ATTENDING STAFF PHYSICIAN PHYSICIAN [22c DATE

23a. BURIAL, CREMAT 236 DATE

DEGREE

CITY OR TOWN

24 FUNERAL DIRECTOR

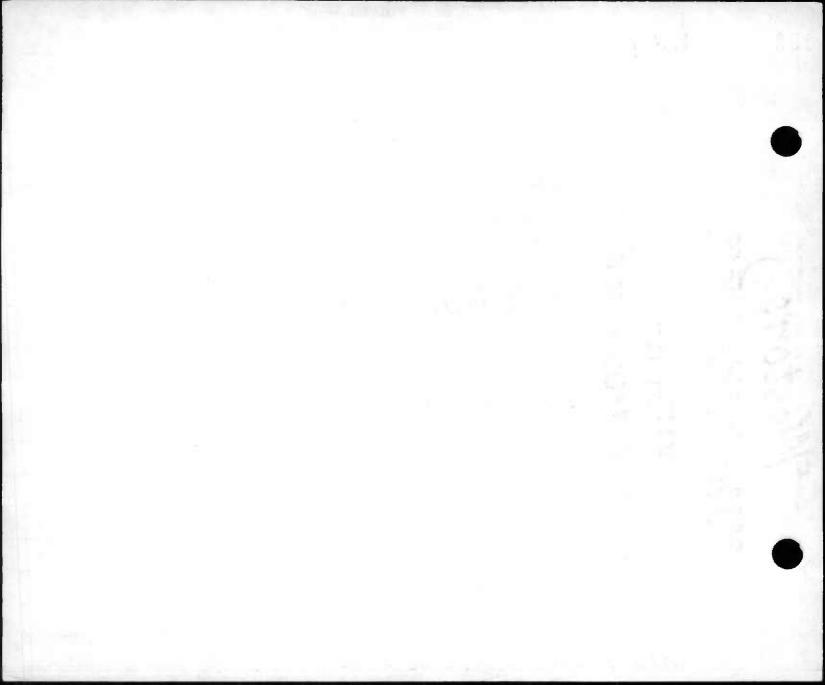
FOR - STATE REGISTRAR

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH = 16 60M 7/84 (VRA 15, 4)

O HOSPITAL

BP.



1					STAT	E OF MARYLAND	05 - 11-	/ /					
W. E4		FOR STATE REGISTRAR				HEALTH AND MENTAL HYG	REG. N	0.	9 5				
1 11		CEASED NAME OR PRINT)	George	Haywar	GAUN	Gaunt	20. DATE OF DEATH	5/7/8	7 225 AM				
	1.5E	Male	4 RACE	White	5. DATE (6 AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.				
39	M	RTHPLACE (STATE OR FO COUNTRY) Saryland		OF WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	MD.					
horned	F	ALLSTON	FAUS	STOU COUNTY	RAL /	HOSPITAL	OF WORKING LIFE! INDU	126. KIND OF BUSINESS OR INDUSTRY Construction					
35	13a 3 Ma	ryland	NG HOME OF OTHER INSTITUTION HARFORD	13t, CITY OR TOW Edgewood	4N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2101 Rails	zip code road Avenu	ue 21040				
12	1	Charles	Burkett	Gaunt		15. MOTHER'S MAIDEN NA FIRST Ida	Mae	Whit	ten ·				
/ diedos		WAS DECEASED EVER I YES, NO OR UNKNOWN] NO	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			Elsie G.Banks	ADDRESS ks, 908 Pine Road, Joppa, Md. 2108						
other troumatic event, it		PART I. DEATH W.	DUE TO which (bediate	ROSPITA DO ORAS A CONSEQUE DO, OR AS A CONSEQUE	e tori	y Arrest Toke pneu	nonia	BE	APPROXIMATE INTERVAL TWEEN ONSELAND DEATH				
injury, or	NOI	PART 2 OTHER SIGN				NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART Ita				
410	RIFICATION	19a DATE OF OPERAT	ION 196 CO	ndition for which	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO				
19	CAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH HOUR	AE OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART I ORP	ART 2)				
rked or	MEDIC	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LATHOM	CE OF INJURY E STREET, FACTORY, OFFICE, I	FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COU	NIY STATE				
(2) is mo		saw the decease	(this hospital) ottended alive on	0 19 \$	2/1	nd that in (my) (our) opinion	death accurred on the d	ote and hour and fro	, that (I) (we) lost am the causes stated				
47. H Thor		22b. SIANATURE	le-fr	uns		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	DATE SIGNED 5/787				
POSTAN		Andrew	ME (TYPE OR PRINT)	beg m	0	1710 Harford Rd Fallston MD							

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial May 9, 1987

Md.

23d NAME OF CEMETERY OR CREMATORY

COUNTY

COUNTY

COUNTY

COUNTY

COUNTY

COUNTY

COUNTY

COUNTY

Abingdon Harford Md.

25d. Date Rec'd. By Registrar 25b Registrar's SIGNATURE

MAY 8 1987 Julia Dividen Redistrar

MAY 8 1987 Julia Dividen Redistrar

County

County

MAY 8 1987 Julia Dividen Redistrar's SIGNATURE

MAY 8 1987 Julia Dividen Redistrar's SIGNATURE

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

ALEXANDER S YAN

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	を表現まれる		Fallst		9/4	(IF NOT IN SI	UCH FACILITY,	GIVE STREE	T ADDRESS)				FOR M	OST OF WO	ORKING LIFE)			OR INDU	STRY
	ACK MA	USUA	LRESIDENCE		SING HOME OR	Cal.	Iston				Ital		В	lomen	aker				
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MD. 2	= co 2011	14 57	THER'S NAM		Harf	ora		Fall	ston		YES L	NO L	10	1 Fi	deli	y Dr	ive	2104	7
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OR.	03.0	Iáa V	VAS DECEASE	DEVERI		ED FORCES?	Luca		LSECURIT	Y NO.	17. INFOR		phine		ADDRE	SS		reibe	r
BALTIMORE	PASSON	(Y	ES, NO, OR UNKNO	(NWC	(IF YES, GIVE W		12.4						1 77	~ .				084	
× 10	W.G. P. W. G. P. P. W. G.		18 CAUSE C	EDEATA	d /E-A				4-278	50	Mr.	Berna	rd F.	_Geb	ring	3612	Du		Ct.
ST.	Q-083:		PART I DI	EATH WA	AS CAUSED	BY:	Mult:			rica							8		ISET AND DEAT
O N		7	81	15%	MMEDIATE	CAUSE (o)	D, OR AS A							-	_		-		
RESI			Conditio	ins, if	dy, which	1 502 10	J, OK AS A	CONSE	OOLINCE										
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5	DIED WITH EXAMINE IAL - TRAN O MENTAL ON, OR RI	13	lying co			1	D, OR A3 A	CONSE	OUENCE	Jr									
5.2	SECULATION NAMED IN THE PARTY OF THE PARTY O	1.2	PART 7 OTHER S	2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO										-					
OR	D BE EXECUTED FENDING" IN	Z	, , , , , , , , , , , , , , , , , , , ,		COMOTIONS EL	A CONTROL OF THE CONT	OCATH BOT NO	NI WELMILO	TO THE TEAM	INAL UISCAS	C OK COMUIIII	UR BIFER IN PA	KI I IO						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	HOULD BE EXECUTED W RD "PENDING" IN PEN HIFF MEDICAL EXAMINI USED AS A BINIAL - TR. OF HEALTH AND MENT RIAL, CREMATION, OR	CERTIFICATION	190 DATE OF	OPERAT	TION	196 CC	NOITION	FOR WH	IICH OPER	ATION W	AS PERFO	RMED?		-			75	AUTOPS	Y?
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7	WORD WORD HE CHIE BE USE ENT OF	ERT	210 EXTERN				ME OF INJU			21c H	OW INJUR	Y OCCURRE	D JENTER N.	ATURE OF II	NJURY IN ITEM	TS PART I OR	PART 2)	TES IA	NO L
N	A HOUSE		UNDERLYING		R ALISE OF DE		OMXMOK S	5 20			river	in a	to/f	hovi	obje	ct in	maac	1+	
/ISIC	CERTIFICATION TO THE TOTAL TO T	MEDICAL	21d INJURY			21e PL	ACE OF IN	JURY (AT HOME,	ZII LO	CATION	III a	aco/ L			CC II	iipac		
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	A SECOND		death result	led from:	Noturo	l couses	J. Acci	dent 4	ir, Sui	cide	, Hom		Undete	rmined m	nonner	,			
	X S S S S S S S S S S S S S S S S S S S	1	ACTUAL	1/1	1/		11	_			,	specify) sistai	at			DAT	E	5/21	/07
	SEA SEA		SIGNATURE	16	100		7			M	.D	SIStai	AEDIO	CAL EXA	MINER	SIG	NED_	3/21	/ 0 /
	SE S		EXAMINER'S (TYPE OR PRI	NAME	Willi	am M.	Zane	, M.I	0.		ADDRESS.	111	Penn	St.		Bá	alto	.MD.	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITI PAGE & SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WING THE STATE DE BANTMORE, MARYDAND 21201 P	23a.B	JRIAL, CREMA							AFTERY	ADDRESS R CREMAT			CATION		=	_		
07/84		(5	Buria			ay 26,	1087										YTHUC		STATE
25M	BP		JNERAL DIREC	TOR								emori 750. DATE I	REC'D. BY	REGISTA	AR FIRE RE	GSTRAR	al t	HAIRE M	d.
	DHMH - 17 (VR A15 ME (5))	1	eonard	J.	Ruck :	Inc. B	altim	ore,	Mary	land		MAY	2.1	1987	Juli	a Dun	dur	Kende	المالية

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Mr. Baraked V. Johnson, 7612 Bookery Ct.

Auriel Hay 's, 1907 mlamey Valley seconds of the yell farmer

Paramet d. Jack Inc. Palticors, Naryland

5 4	901 JU	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA	MENTAL HYG	IENE 8	REG. NO		4 4	9/
2	0 4 6 8 8		CEASED NAME	FIRST	(nn	n) G	OET.	ZL		20 DATE C		5 2	¥ 87	26 HOUR OP M
On 4 mon	as other d	3.58	MALE		RACE WH	ITE	5. DATE O		VEAR O 7	6 AGE (IN	TO P		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
9	on 72 hou	C2	RTHPLACE (STATE DAYS COUNTRY)	ia	USA	WHAT COUNTRY	WIDOWE		VORCED [HAR	FOR	DEATH	MD.
1	182	F	ALLSTON		FALL	HEACHITY, GIVE STREET	GEN	ERAL	HOSPIT	ALTYPE OF WO	OCCUPATION NOST OF	WORKING LIFE		+ Shoe
2,4	S Z	5	ID.	13b COUNT		Bel Ai R	RE ADMISSION)	138 INSIDE C	NO 💭	202	ADDRESS /	ZIP CODE	TRAIL	210/4
1	1/1/2	7	Johann		ODLE	Goetz		Ju.	S MAIDEN NAM FIRST Lianna		MIDDLE		Nas	adil
	- Foges		VAS DECEASED EVER I YES, NO OR UNKNOWN)		WAR OR DATES)	217-16	-0146	Paula Paula	M. Içis	hman,	1415 (Bel A Chelte		
though	p physics on paper emoval.		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED		line far la) (b), a	nd icil	go al	went	y A	rest		BETWEEN	MATE INTERVAL ONSET AND DEATH
has the death of	by the attention are remark confin if, cremation, or other traumate.		Conditions, if any, gave rise to imm cause (a), stating underlying cause	ediote the	(b)	R AS A CONSEQU	scho	mine el	Hene	t D	lier			
	Then ple or to burne injury, or	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
1	No. the the street price	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	H OPERATION	N WAS PERFO	PRMED	200 AUT	OPSY?		WERE FINDING CAUSES	
Section.	Certificate Certif	MEDICAL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	P.,	M, MONTH (M.	AY YEAR		JURY OCCURR	RED (ENTERN	HATURE OF INJUR	Y IN ITEM IS PAI	RT (OR PART 2)	
ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:	Wer this on the bi	MED	21d INJURY OCCURR	LE .		EET, FACTORY, OFFICE,		21f LOCATION STREET			CITY OR TOV	VN	COUNTY	STATE
ATTENO	sipital o scrote, via d for via f of Heal m 21 km		220 I certify that (I) saw the decease abave, (U-(T-C) (d)	d alive an_	5722	19_	/		(bur) opinian o	death occur	ed on the da	te and haur	ond fram the	
141.00	RAL DIS		226. SIGNATURE	ew/	Vois	leouse	// 1 .		ATTENDING PHYSICIAN	MEDICAL	STAF	F IAN []	J DATE	26/87
9	2 2 2 2 Z	1	M- mner	. /		-1-1	dan	22e ADDRES	-	pro)	C+-	00	010	11011

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

May 27,1987 Spesutia Cemetery Perryman Harford Md. 21009 MAY 28 PROBLEM 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)
Burial May 2

DHMH - 16 60M 7/84 (VRA 15, 4)

7 STATE

REGISTRAR

24 FUNERAL DIRECTOR Law Funeral HOme 4611 Park Heights Ave

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Garrison Va CEmetery Owings Mill,

REG. NO

26 HOUR

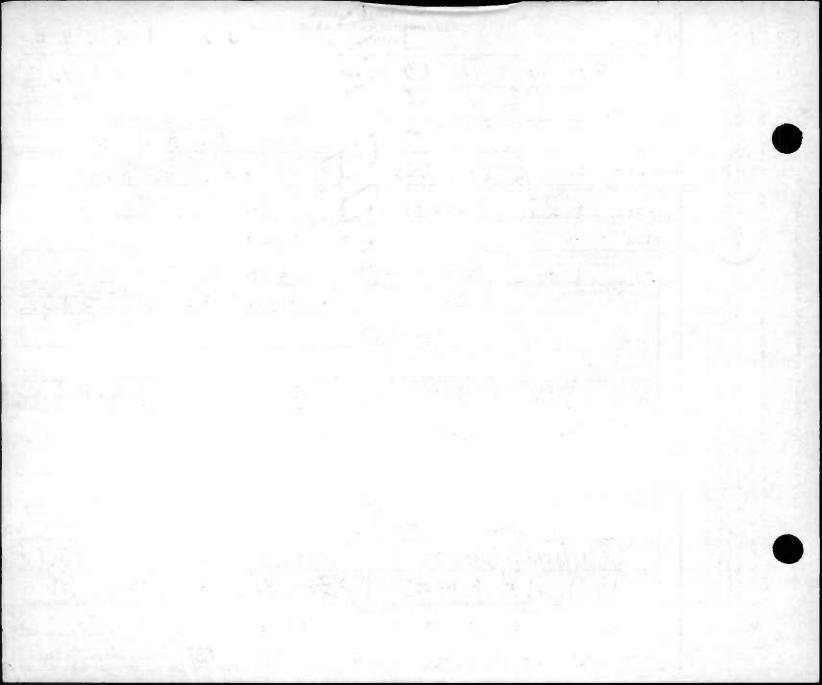
126. KIND OF BUSINESS OR

=Ai

INDUSTRY

COUNTY

MD.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

054495 may	TI- FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE 8 / I	4499						
	1 DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR						
noy be page 3	JOHN	EDWIN	HAUGHAY	May 17	1987 1:15 AP						
moy po	3 SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 23 HRS						
ge 4	Male	White	Jan. 25 1937	50 YRS	ONTHS DAYS HOURS MIN.						
Po Pop Pop	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OF DEATH						
10000	Maryland	United States	WIDOWED DIVORCED	Harford County	у, мр.						
き でき 大き 人	18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR						
fled to the file of the fled to the fled t	Darlington	3524 Smith Road		None							
AND 21:		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13¢ CITY OR TOW Darling		3524 Smith Road	/21034						
1 作物人	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST						
W BECK	John	W. Haugha	ay Mildred	WIDDLE	Wheeler						
# 7 7		ARMED FORCES? 166. SOCIAL SECU		ADDRESS							
LTIMO	No	220-76-6		est 3524 Smith Ros							
BA contact to the con	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (o), (b), an	one III and II a		BETWEEN ONSET AND DEATH						
ST.	IMMEDI	IMMEDIATE CAUSE (o) Conglistive Heart Failure Due to, or as a consequence of									
en that the death cer- en that the death cer- end by the attending please remove corbo unal, cremotinals, or re- unal, consider troumblic er-	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) Secondary anemia, marked									
			DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIVE	N IN PART I Io						
ORO	<u>severe me</u>	n ental retardation-congenital I 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206 IF YES, WERE FINI									
AL REC	Severe me	1%. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?						
OF VITA CEAN, 1 CEAN, 1 CEAN, 1 CHAPTER CHECOTE CHE	OB CONTRIBUTING TO CAUSE OF	DEATH HOUR A.M. MONTH D.	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT (OR PART 2)						
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The law requir catterfacting physician. We the boxial framit permit. Then hi and Mental Hygiene prior to b acked or flem 18 shows ony injury	UIF EITHER NOTIFY MEDICAL EXAMIP 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE						
9 - 7 4 9 -	sow the deceased alive	pital) attended the deceased from May 8	July 27 1948 87 ond that in (my) (our) opinion	deoth accurred on the date and haur	9.87 that (II (we) lost and from the couses stated						
ral OR TEN y the hospital Al DiRECTOR detoched for u ote Dept of H	226 SIGNATURE PCA	& Barthy		MEDICAL STAFF DIRECTOR PHYSICIAN	21 May 1987						
TO HOSPITAL (retoined by the TO FUNERAL (should be deto with the Store (IMPORTANT: If	Robert A. Ba		2501 Rocks	Road Forest Hill	1, MD 21050						
5 5 5 8 8 8 4 4 5 5 5 5 5 5 5 5 5 5 5 5	230. BURIAL, CREMATION, REMOVA	AL 236 DATE 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION							
BP	Burial	May 21, 1987	Bel Air Mem. Gdns.	Bel Air Ha	rford MD						
DHMH - 16 60M 7/B4 (VRA 15, 4)	14 FUNERAL DIRECTOR NAME Harkins Funeral	Home, Inc. 600 M	Delta, PA	TE RECD. BY REGISTRAR 256, REGISTR	TAR'S SIGNATURE						

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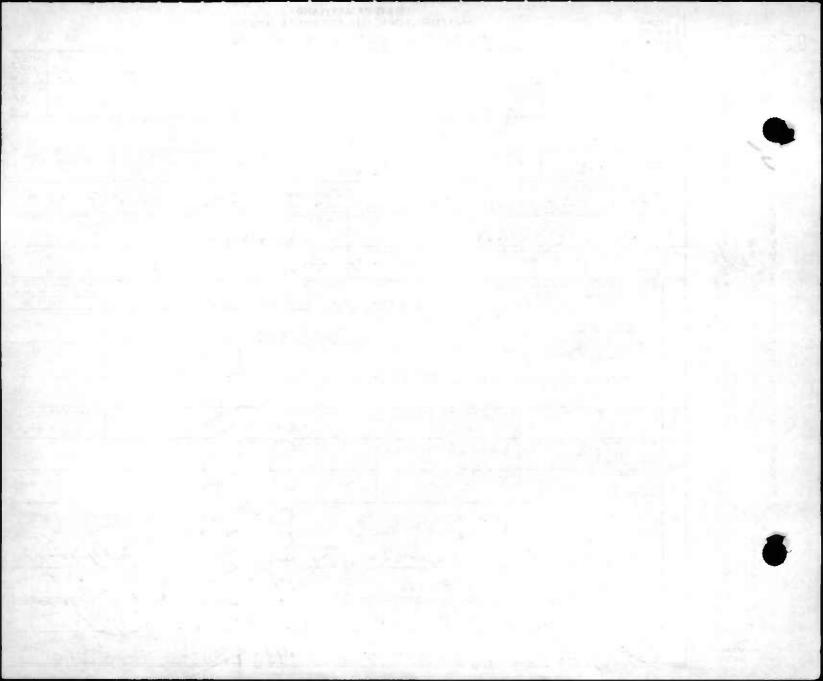
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STALLS I	١.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
53535 ily	15	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	500
SS. SS. 17.		CEASED NAME FIRST	MIDDLE LAST AND	10 19 17 83
ARY, PLEASE UDIRECTOR. YOUR FILES. YOUR STREET, TON STREET,	3. SE)	F 1. RACE	5. DATE OF BIRTH MONTH DAY YEAR 1. LAST BIRTHDAY) 1. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 1. DATE MONTH DAY PRONOUNCED DEAD	DAY YEAR 24 HOU
SEE SEE		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED HARFORD	OF DEATH
文書は書	10 CI	TY OR TOWN OF DEATH Fall (for		2b. KIND OF BUSINESS OR INDUSTRY
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MD 21	14. F/	ATHER'S NAME FIRST REPORT REP	MIDDLE LAST IS MOTHER'S MAIDEN NAME MIDDLE	2/00/
TO NO.	16a. V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? NAR OR DATES) Tob. SOCIAL SECURITY NO. 17. INFORMANT 226-28-8177 HOSH FAC Reines	
ON ST., BA 24 HOUR TIEM 18 LONG PERMIT PA SIENE, BIV		PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).) OBY: ECAUSE (a) COROCHAY HEAF DIFFERE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 W. PRESTO TED WITHIN PENCIL IN XAMINER A AL-TRANSIT MENTAL HYC R REMOVAL		Canditians, if any, which gove rise to immediate cause (a) stating the <u>underlying</u> cause last.	(b) ASCUD. DUE TO, OR AS A CONSEQUENCE OF	
0 125	N O	PART 2 OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a):	
F VITAL RECORD TE SHOULD BE EN WORD "PENDING HE CHIEF MEDICAL	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
0 4 4 4 4 4		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	276. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
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CAMINER: RATIFICATE D BE FOR IRECTOR: VITH THE S			e of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opin al causes ; Ascident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)	4-10-47
TO MEDICAL EX EXECUTE THE CIP PAGE 4 SHOUL POFUNERAL DI AFTER DEATH, V BAUTMORE, MA		EXAMINER'S NAME LUIS	E. RENJEL ADDRESS 464 alliance ST Hall	une de
Bb———	(5	URIAL, CREMATION, REMOVAL 23 PECIFY) BUTIA	1/15/87 Chase Pater Presby. Chase City Vil	2.
DHMH · 17 (VR A15 ME (5)) 15M 7/77	24. FI	July Bel	ADDRESS 11 71 Palack St. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SK. OKY UK. 22314 MAY 1 3 1987 Alia Dividan	. ^

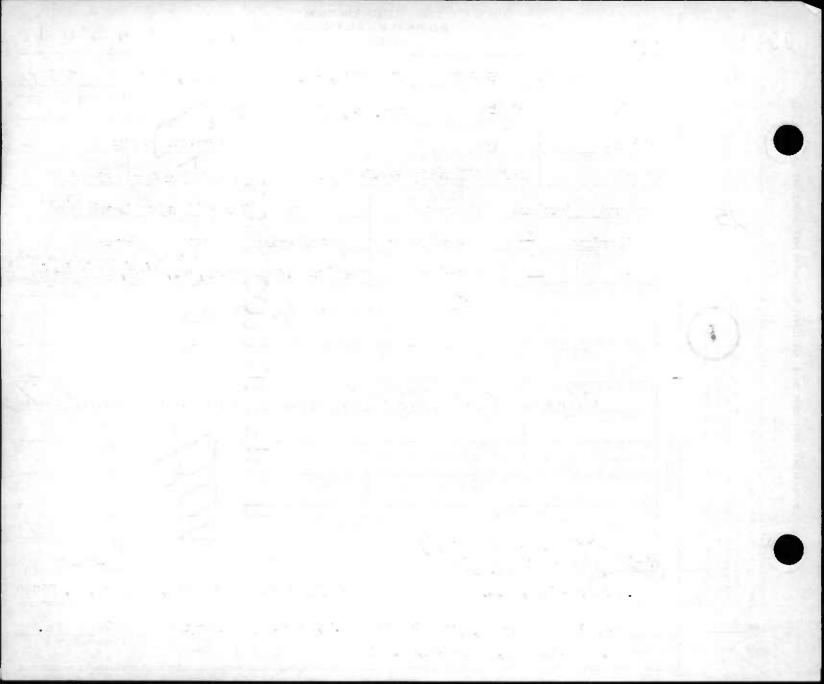


STATE OF MARYLAND

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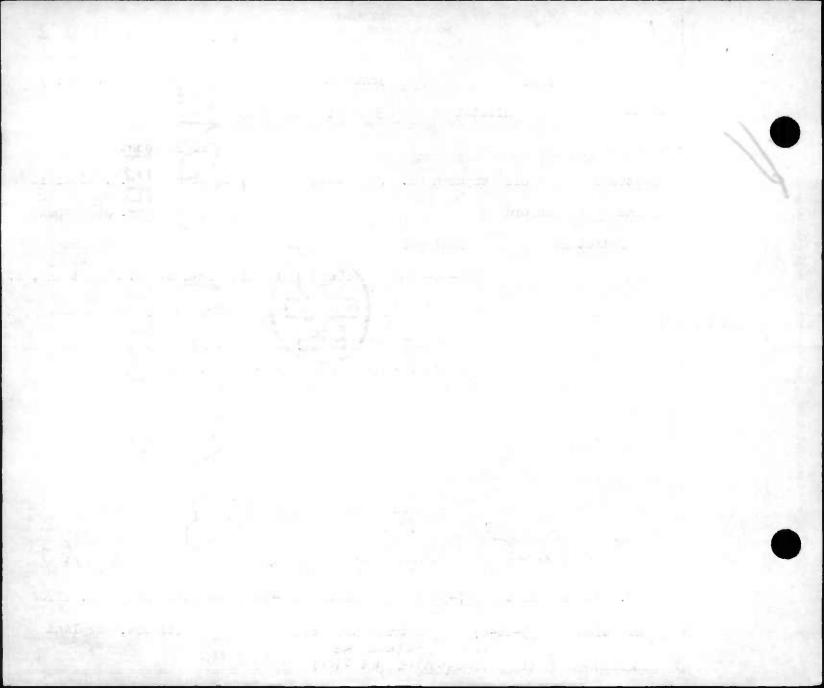
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· lo /		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	Beac	SSRd Fda	5000w	Md 3
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o to		PART I. DEATH		Ď BY: [E CAUSE 10]_	Caren	nome	Head MI	anelea.			
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₹*		BURIAL, CREMATION	, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
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14.71/04	24. F	JNERAL DIRECTOR					250 DAT	E REC'D. BY RED FOR AR			
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DHMH - 16 60M 7/84 (VRA 15, 4)



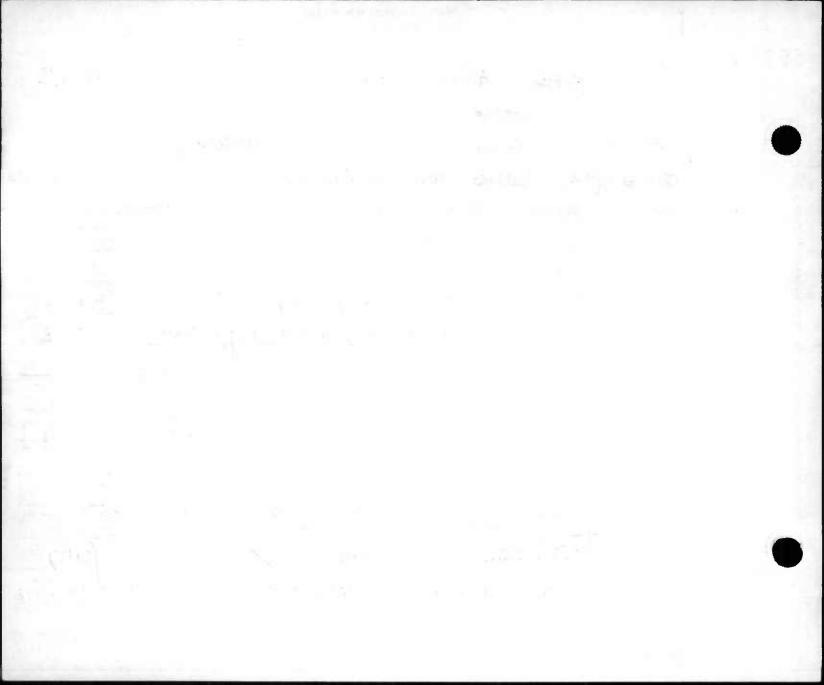
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 poils after light. These 4 may be	TO FUNERAL DISECTOR. After this certificate has been signed by the attending physician and arbitrary little in the intending progression of the pr	with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic eventy the medical is any less than the marked at 1945.
	TO HOSPITAL OR A	TO FUNERAL DIRECTOR	with the State Dept	IMPORTANT: If Hem

COOLOND	1-				STAT	E OF MARYLAND			
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1 /2 (D)	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	D NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH	
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10 CITY OR TOWN OF DEA			(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	F BUSINESS OR
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0 4 0 40 7		274 PHYSICIAN'S NAME (TYPE	ent	map	K	ATTENDING	DIRECTOR PHYSICIAN	5/10	187
TO HOSPITAL retained by th TO FUNERAL should be deti with the State IMPORTANT:		Dr. Richard		337-5200		the state of the s	1001 Cromwell B	ridge Rd	. 21204
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME F. Lassahw F	. 11.	1175,0 BRESS B	ie I AI	ac ason, I way	e rec'd. By registrar 256 regi	STEVERSON NO.	OR-



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1				STATE OF MARYLAND		
	-	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	4503
014 -31.		ASED NAME FIRST	Alfred	Sackson	20. DATE OF DEATH MONTH	31 87 4 08 M
3	SEX	0	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
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6	hr	rortown of DEATH	HARFORD MEN	norial ruspika	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Laborer	126. KIND OF BUSINESS OR INDUSTRY Owens/Illinois
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New York	FAT	HER'S NAME FIRST Jesse	Jackson	Mo11y	WIDDLE	Webb
medi		AS DECEASED EVER IN U.S. AR S. NO OR UNKNOWN) (IF YES, GIV NO N/A	E WAR OR DATES)		ackson, Same As A	
event, the	1	PART I DEATH WAS CAUSE	nly one cause per line for (a), (b), or D BY TE CAUSE (a)	dio Respondory	Foulure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 33 HRS
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or other t		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF	0	(Ba) 74
>		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 110
out.	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2}
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21 is morked or		saw the deceased alive or	of the second of the second from 19 of the view the body after death.	03 11	death occurred on the date and ha	, 19, that (I) (we) last ur and from the causes stated
T: If hem		226. SIGNATURE	unaus	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 31/87
MPORTANT		220. PHYSICIAN'S NAME (TYPE OF PORTUDIN	MITHANI	13) S.UNION	V AVE. HAVRE.	DE GRACE ALOTS
₹ 7	15	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	Pavre de Grace	Harford MD
7.04	1 FU	Surial VERAL DIRECTOR	June 2,1987 A		TE REC'D. BY REGISTRAR 255 REGIS	
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DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	9.7
7	TENIKINIS	20. DATE

8	REG. NO.	1	4	5	0	t.
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-	87	STATE REGISTRAR		DEI AKII		ICATE OF DEATH	8 /	0.	4 3	0 4
		CEASED NAME FIRST		MIDDLE	4	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		ELIZA	BETH	+ (JEN	VKINS		5 6	2487	10 M
	3. SEX	emale	4 RACE Caucas	ian	5 DATE C		6. AGE (IN YEARS LAST BIR		MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
,	-	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		. 1, 1030	9 BALTIMORE CITY C	YRS.	Y OF DEATH	
7	Rh	ode Island	U.S.A		MARRIE		HARROR	000	DUNTY	/ MD
2	7	TALLSTON	FAUS	HEACILITY, GIVE STREET	ADDRESS) UERA	L NOSPITAL	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF LOUSEWIFE	OF WORKING LIF		OF BUSINESS OR
	130. S Md		1TY	GIVE RESIDENCE BEFORE U.C. CITY OR TOWN Jarrett	N	H34 INSIDE CITY LIMITS?	13e STREET ADDRESS 2029 Schi	zip cobe	Rd.	21084
4	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	-	LAS	SI.
1	-	ank		Boidy		Caroline			McIn	ytre
1		VAS DECEASED EVER IN U.S. AR res, no or unknown]	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	ADDR			
'n		No		212-16-	5394	Dorothy	M. Tillm	an s	ame as	
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) and (c). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which								swed
8		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, D	R AS PCONSEQUE	YCE OF	nothern	17		/	day
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		270.1 certify that (I) (this haspi sow the deceased alive on	5/2	¥ 19_	87,0	nd that in (my) (our) opinion (deoth occurred on the d	ote and hou		that (I) (we) last causes stated
		226. SIGNATURE WY	1				MEDICAL STA		22c. DATE	SIGNED TY/27
/	1	22d. PHYSICIAN'S NAME (TWICE	m.	MANIA	HI	27e. ADDRESS PO	Box 599	P	Law 5	+

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR

FOR

230. BURIAL, CREMATION, REMOVAL
(SPECIFY)
Burial 5/27/87

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

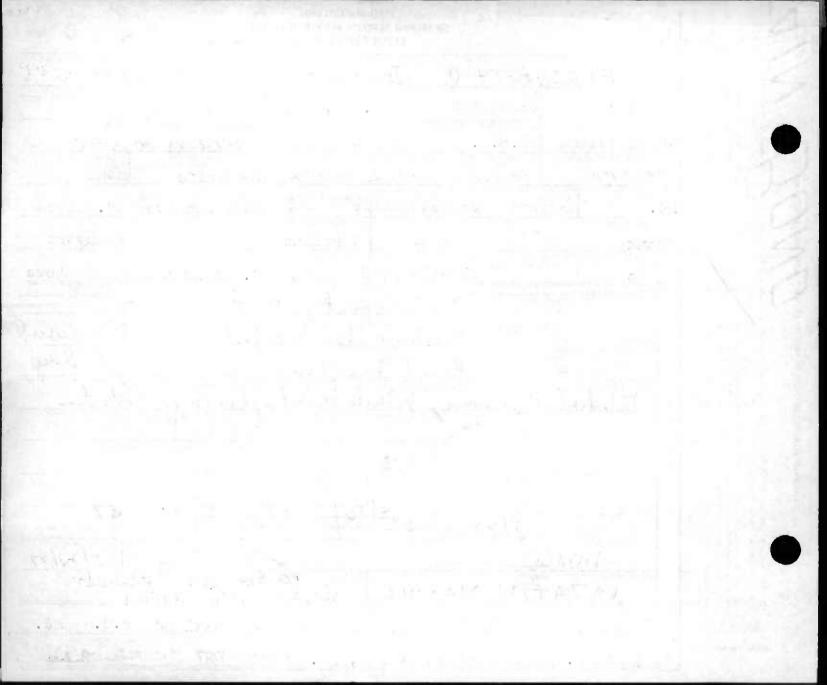
234 LOCATION
CITY OF TOWN
Y Suitl

Md.

Benjamin Jarrettsville, Md. W. Kurtz

AANY 2 8

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Timber Parlace



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1 DECPASED NAME ſΧ DAY YEAR 2 HOUR 20. DATE KNOWN LTYPE OR PRINTI OF ESTI-E 5 FOR YOUR FILES.
E 6 WITHIN 72 HOURS WILLIAM BRTAN DEATH MATED **JOHNSON** 5-17-8719 21 ST BIRTHDAY 3 SEX 4 RACE DATE OF BIRTH IF UNDER 2d HOUR IF UNDER 24 HRS DATE Feb. 25, 1966 PRONOUNCED White Male DEAD 5-17-8719 : 45AN 7a BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Maryland WIDOWED DIVORCED Harford County O CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE Apprentice Welder Fallston General Hospital Construction Fallston RETAIN PA LISUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION AND 3 130 STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO X 615 Hornbeam Road 21040 Harford Maryland Edgewood 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM 3 MIDDLE MICOLE LAST Mengel William Carl Johnson Rosemaire Ann DIVISION OF William C.Johnson, 615 Hornbeam Road 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 214-94-3953 no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUT BE TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUT SAFE DEATH AND THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUF TO, OR AS A CONSEQUENCE OF lying cause lost DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 AM P.M. 5-17-870 driver of an auto/auto head-on collision 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE Air (HendersonRd) Harford Co. . Md Autopsy X 22a I certify that I tank charge of the remains described above, held on Inspection and in my apinion death resulted i The ermined monner Natural causes TITLE (SPECIFY ACTUAL Assistant MEDICAL EXAMINER 5-17-87 EXAMINER'S NAME Dennis F. 111 Penn Street

07/84 BP DHMH - 17

(VR A15 ME (5))

May 19, 1987 Buria] 24 FUNERAL DIRECTOR

(TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Cokesbury II.M. Cemetery

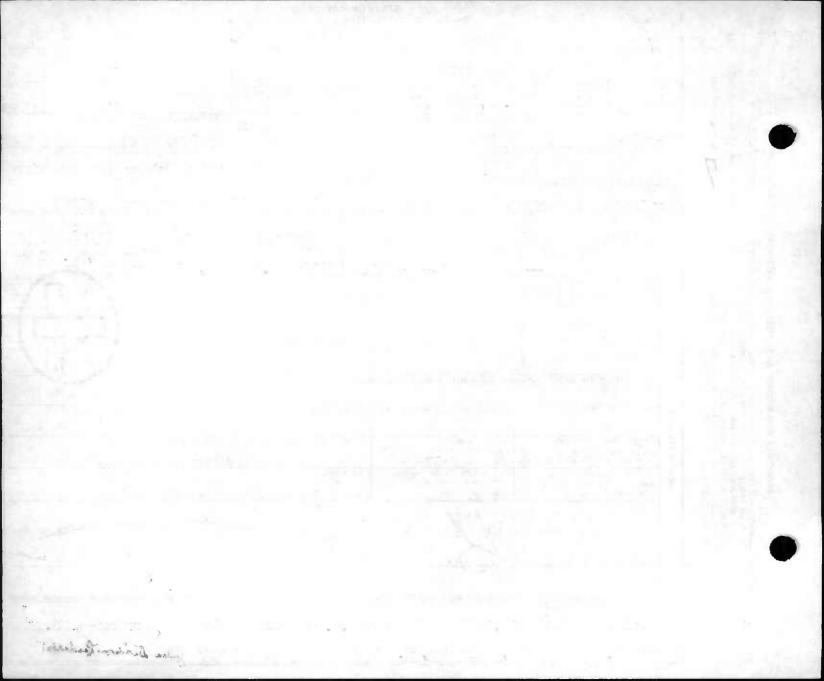
Abinadon Harford

Howard K. McComas III, Abingdon, Md. 21009

Julia Sinter Endres

STATE

COUNTY



DHMH - 16 60M 7/84

(VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

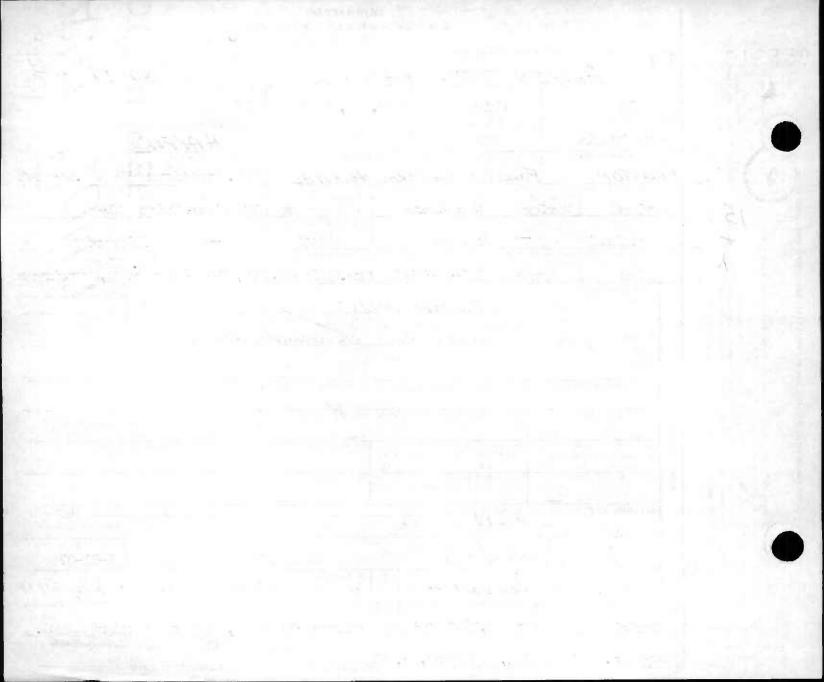
th. Poge 4 may be

al director, page 3

STATE OF MARYLAND

4 5 0 6

	1.	- STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DEATH	8	REG. N	D.	4 5	0 6
		CEASED NAME	UDRE	,	CHAEL	KAT	CHUR	2a. DATE (OF DEATH	MONTH DAY	- 87	6 PM
	3. SE	x Male	4.	RACE Whi	te	S. DATE C	DE BIRTH 25, DAY 1932 FAR	6. AGE (#	YEARS LAST BIR	YRS.		IF UNDER 24 HRS. HOURS MIN.
5	1	IRTHPLACE (STATE OR F		CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIM	ORE CITY O	R COUNTY OF	PDEATH	MD.
2	-	OLLS TON	ЛТН 11 <i>[</i> -	LIF NOT IN SUC	HOSPITAL, NURSING CHEAT	ADORESS)	HOSPITAL	(TYPE OF WO	OCCUPATION FOR MOST O	F WORKING LIFE)	INDUSTRY	BUSINESS OR US-govt
5	13a. S Ma	AL RESIDENCE (IF NURS STATE LYLAND	136 COUNTY Harfo	1	GIVE RESIDENCE BEFORE 136. CITY OR TOWN TOPPATOWN	N	136 INSIDE CITY LIMITS?	724	ADDRESS Shore		21085	
20	14. FA	Michael	MIC	K	atchur		15. MOTHER'S MAIDEN NAM	ME	MIDDLE	Mitl	namit	У
1		WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME	VAR OR DATES)	166. SOCIAL SECU		Mrs.Ruth Kato	hur.	724 Sh	Md.	21085	opatowne
9	CERTIFICATION	Conditions, if ony, gove rise to improve (o), stotin underlying cause PART 2 OTHER SIGN	nediate ig the lost NIFICANT CO	DUE TO, O (b) DUE TO, O (c) NDITIONS C	r as a conseque	ENCE OF		NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G				GS USED
4	ERTIFI	210 ACCIDENT WAS UND	SERIVING 🗆	216. TIME C	NE INTUIDY		21c. HOW INJURY OCCURR	YES [ио[]	YES [NO 🗆
7	MEDICAL C	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	HOUR A	M. MONTH DA	YEAR 19		LED (ENIER)	NATURE OF INJU	CT BY TEM TO FAKT	T OK FART 29	
	MED	21d INJURY OCCUR	OLE		OF INJURY REET FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TO	wn .	COUNTY	STATE
		sow the decease obove (1) (we) (c	ed olive.on_	May 2	Y 19 X		nd that in (my) (our) opinion o	death occur	red on the d		nd from the co	
		226 SIGNATURE		chus	hun)		DEGREE ATTENDING PHYSICIAN	MEDICA DIRECTO			5-31	
/		22d. PHYSICIAN'S NA	AME (LYPE OR P	6.1	iert mi))	9105 Franklin	Squar	e Drive	Suit 3	17 3.11	'v 2123,
1		BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	-	TYORTOWN	c	OUNTY	STATE
0.4	24 FI	Burial UNERAL DIRECTOR		June 2	,198/ [Tr]	inity	Lutheran Ceme		JOD RAR	DA HA	rtord -	Md.



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STATE OF MARYLAND

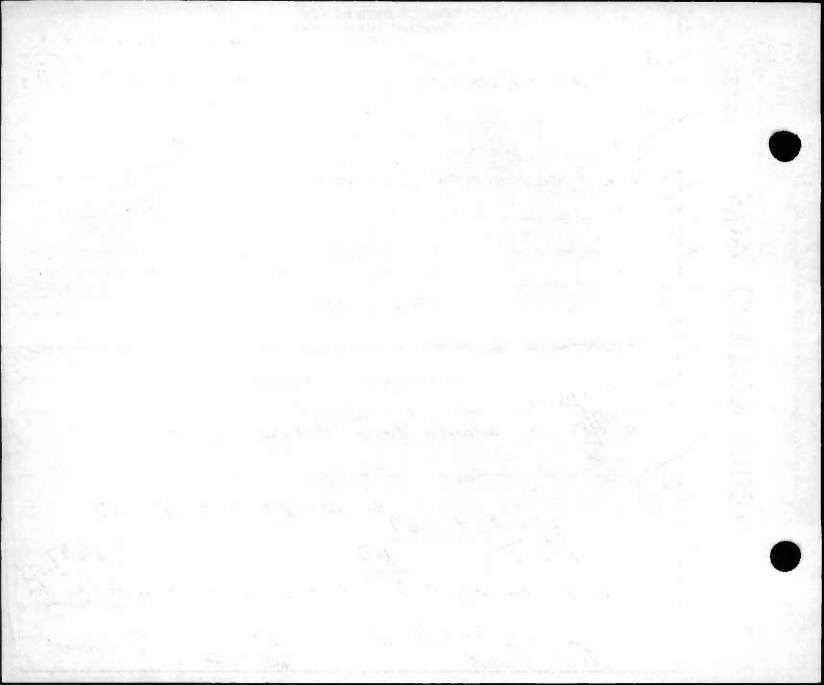
8	REG. NO.	ŧ	4	5	0

- STATE REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	4501
1.DECEASED NAME FIRST (TYPE OR PRINT) MARY E/12	abeth Kei	thley	26. DATE OF DEATH MONTH	987 4 7 M
3. SEX / 4 RACE Whit	5. ATE OF B	28°, 1930	6. AGE (INYEARSLAST BIRTHDAY) 57 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
76 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNT	Y OF DEATH MD.
HAVE OF GRACE HAV	HOSPITAL, NURSING HOME OR COCHENCILITY, GIVE STREET ADDRESS)	HOSDITO!	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Manager	126 KIND OF BUSINESS OR INDUSTRY Rest.
USUAL RESIDENCE (IF NURSING TOME OR OTHER INSTITUTION 136. STATE Md. UGCIL		INSIDE CITY LIMITS?	134 STREET ADDRESS / ZIP COD	£. 21901
FATHER'S NAME FIRST William MM***********************************	LAST		Patterson	LAST
160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO GRUNNOWN) (IF YES, GIVE WAR OR DATES)	215-26-668	John R. 1	ADDRES 29 Keithley Nort	h East, Md.
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	Mafastatio	Ovarian	Carernous .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS C	OR AS A CONSEQUENCE OF	DT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GI	VEN IN PART 11a
4/24/87 Me	tas ta fie Quarien	· Carelana	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
OR CONTRIBUTING CAUSE OF DEATH HOUR A	.M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	If LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a. I certify that (I) (this hauntall attended the saw the deceased of your obove, (I) (we I did) at that I way the body	ofter death.		deoth occurred on the date and ha	
226. SIGNATURE	MD		MEDICAL STAFF DIRECTOR PHYSICIAN	5/4/87
22d. PHYSICIAN'S NAME ITH CANAL	15, M.D.	504 Leu	ois St, Haur	e de brace les
236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIBURIA) May	7. 1987 North	East Met.	236 LOCATION CITY OR TOWN	COUNTY STATE
24 FUNERAL DIRECTOR Ch. Funeral	al Home North	East, Modali	REC'D. BY REGISTRANTISE REGIST	TRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event,



rol director, page 3

other troumatic event, the

within 24 hours after death. Page

that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN. The low

retained by the hospital or

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

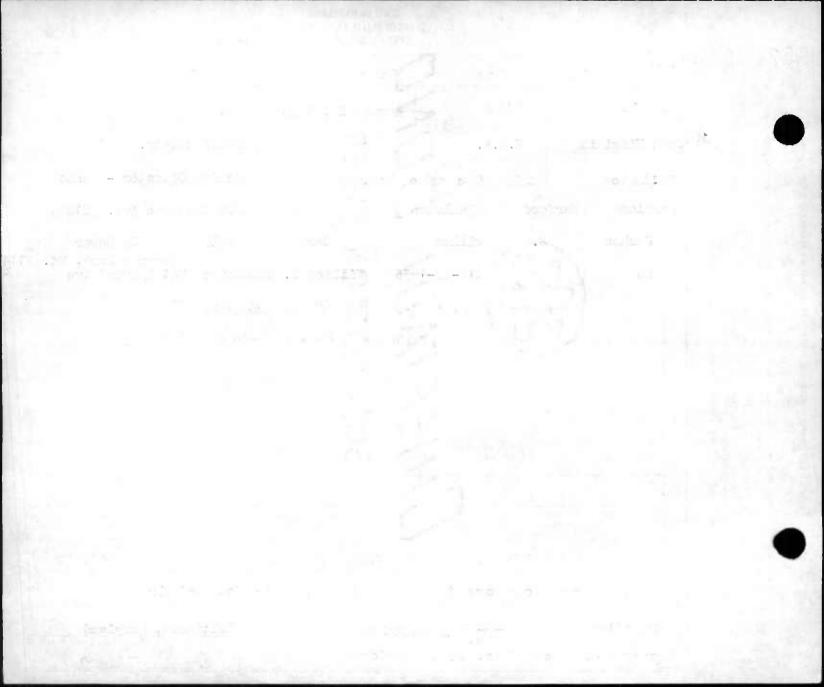
TO FUNERAL DIRECTOR, After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiener IMPORTANT: If Hem 21 is marked or Hem 18 shows a

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					-	
2	1	1	-	5	0	- 6
-	REG. NO.		•		4	

	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 / 1 4 5 0 8	
	TOPE OR PRINT)	MIDOLE	LAST	20 DATE OF DEATH MONIH DAY YEAR 26 HOUR	_
1	Ada	Mae	Lang	May 3, 1987	M
1	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) IF LINDER 1 YEAR IF UNDER 24 HRS	
	Female	White	August 28, 1895	91 YRS DAYS HOURS MIN.	
3	To BIRTHPLACE (STATE OR FOREIGN 7	TO CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	A BALTIMORE CITY OR COUNTY OF BEATH	
7	West Virginia	U.S.A.	WIDOWED TO DIVORCED		D.
	10 CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	178 USUAL OCCUPATION 176 KIND OF BUSINESS OF	2
	Fallston	2300 Chevenn	e Ave.	Machine Operator - Shoe	
	Maryland Harfo	TY 13c CITY OR TOWN	N 113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2300 Cheyenne Ave. 21085	
		Gillum	15 MOTHER'S MAIDEN N	Belle Zembower	
	(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESSeverna Park, Md.	21
	No No	212-09-18	836 William P.	Chesshire 341 Lynwood Ave	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	E CAUSE (o).	some Hors	T DILETSE	_
11111			DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 110	
7-	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	148 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO YES NO NO	
1			YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	
	OK CONTRIBUTING CAUSE OF OLAT. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE ALWORK ALWORK ALWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	ARM ETC) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE	
	270 1 certify that (1) (this hospite saw the deceased alive on_ above, (1) (we) (did) (did not	al) attended the deceased fram	, 19, ond that in (my) (our) opinion	, to, that (I) (we) lose and death occurred on the date and haur and from the causes stated	1
	276 SIGNATURE	Townlowsh		MEDICAL STAFF DIRECTOR PHYSICIAN STAFF	
	Dr. Andrew	Nowakowski		ain St. Belair	
	736. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		AME OF CEMETERY OR CREMATORY	CITY OR TOWN COUNTY STATE	
	24 FUNERAL DIRECTOR	Balto. MD 2	estyjew 1214 25m. DA	Baltimore, Maryland ATE REC'D. BY REGISTRAR'S REGISTRAR'S SIGNATURE	-
	Leonard J. Ruc	k, Inc. 5305		1AY 5 1987 1: Sich & en	



director page 3 hours after death

STATE OF MARYLAND

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	1	4	3	U	1
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1-	FOR STATE REGISTRAR					LTH AND ME		0 /	G. NO.	4 5	0 9
	CEASED NAME	FIRST	MIDDLE		IAST	١.		20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR 02
(TANE	OR PRINT)	Marcu	. E		Lu	KRS			5 -	24-198-	1 5 0 M
3 SE	х .	10	RACE		DATE OF B	BIRTH		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER YEAR	
	Fenale		white		HTMOM	23	1914		73 . YRS.	MONIHS DAYS	HOURS MIN.
	RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT	COUNTRY?	MARRIED D	NEVER MA	RRIED 🗆	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	1
C	hicago.	5111NO12	USA		WIDOWED [RCED 🔲			Harton	rch MD.
10 C	TY OR TOWN OF	DE ATH	. NAME OF HOSP			THER INSTIT	UTION	12a USUAL OCCU			OF BUSINESS OR
化	avredel	GVACE	tartord	Myror	10-	Josp		Office		Soc.	Secur.
13a S	AL RESIDENCE IN P	136 COUNTY	HER INSTITUTION GIVE R	SIDENCE BEFORE AL		d. INSIDE CITY	LIMITS?	13e STREET ADDR	ESS / 7IP CO	DF 210	78.
	Hd.	Har	ford H	wre de	Grace		10 🗌	2	310 5	her woo	d Lans
14 F	ATHER'S NAME	MID		LAST	15	MOTHER'S A	ALIDEN NAM	NE MIDE	N.E		ACT
1	unl	MOWN	, or c	t A 31	- 100	AR	VAD	A	,,,,	OPI	E
	VAS DECEASED EV			OCIAL SECURI	TY NO. 17	INFORMAN'		A	DDRESS		
À	YESNOR UNKNOWN	(IF YES, GIVE W	ARORDATES) 14	5-14-88	841	Mr. A	Arne I	Lukas -	Same	as #13	3
			one couse per line	or (0), (b), find	F17 (1			APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH	WAS CAUSED E		andi	and o	res	1		1		1
	Conditions, if a	ony, which	DUE TO, OR AS	A CONSEQUEN	ICE OF a	ente	myo	cardia	luf	reston	
	couse (a), st underlying co	oting the	DUE TO, OR AS	A CONSEQUEN	ICE OF A	deran	red	Ascvi	Δ		
N _O	PART 2 OTHER S	IGNIFICANT CO	nditions <u>contr</u>	IBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE OR	CONDITION G	IVEN IN PART	110
CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION	FOR WHICH O	PERATION	WAS PERFORM	MED	200 AUTOPSY?	IN CER	ES, WERE FIND TIFYING CAUSE YES []	
		CAUSE OF DEATH			YEAR	Ic HOW INJU	RY OCCURR	ED (ENTER NATURE O	FINJURY IN ITEM TI	B FART I OR PART 2)	
MEDICAL	21d INJURY OCC		P.M.	ILIRY	19	II LOCATION					
MEI	WHILE NO	T WHILE WORK	(AT HOME STREET, FA		M. ETC)	STREET		CITY	OR TOWN	COUNTY	STATE
		(1) (this hospital) attended the dec	eosed from	5- 24	r	19 97		24	, 1987	, that (I) (we) last
		eased alive on	5- 24	death 10 8	, ond t	hot in (my) (a	ur) opinion d	eath occurred on t	he date and h	our and from th	ne couses stated
-	226. SIGNATURE	Par	and I	Je-	Lui		ENDING P	MEDICAL DIRECTOR P	STAFF HYSICIAN []	5	25
	BRID	NAME (TYPE OR PI	Veo m	5	2	20 ADDRESS	e de	GRAC	e. M	1.42	1678
		1-		Tan in				100000000000000000000000000000000000000			

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers: should be detached far use as the burial-transit permit. Then please remave carbanpape with the State Dept- of Health and Mental Hygjepe prior to burial, cremation, ar removal

retained by the hospital or attending physician.

24 FUNERAL DIRECTOR (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or

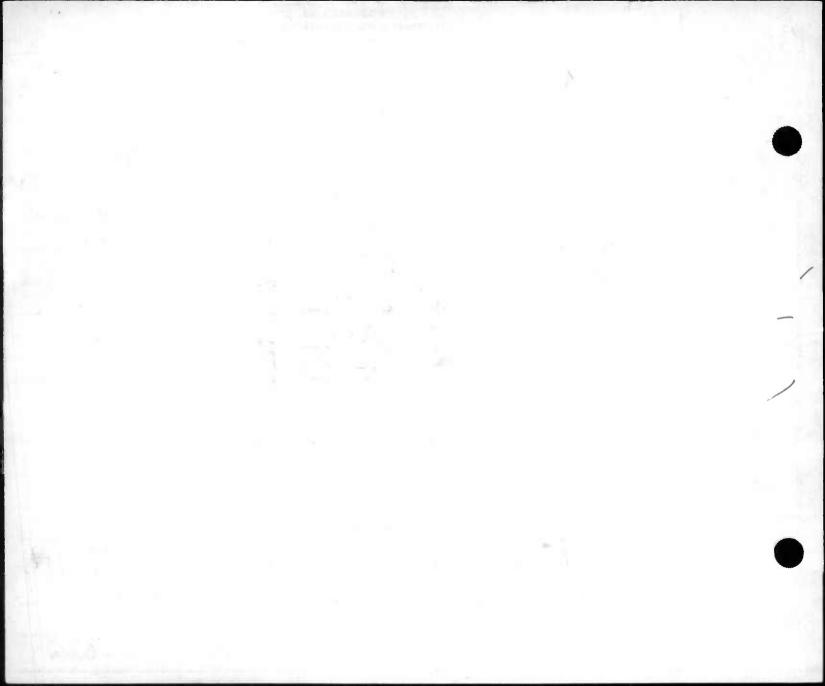
23b DATE 5-25-87 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

CITY OR TOWN

COUNTY

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
JUN 0 1 1987 Julia Deviden Road

State Anatomy Board Balto., Md.

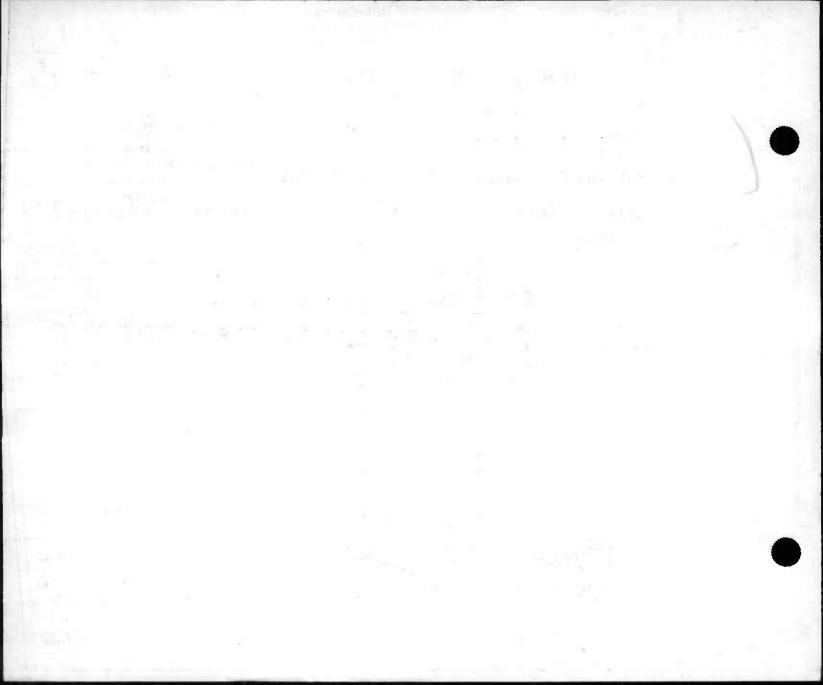


1053844	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 / REG. NO	4510
rage 4 may be Skectar page 3 our efter death	3. SE	Female	white	MANN 5. DATE OF BIRTH JULY 22 AY 1914	5 =	DAY YEAR 25 HOUR 252 MB HOURS MIN.
hours ofter death. First by the Tuneral of Filed will manage the Control of the C	TO C	TY OR TOWN OF DEATH AL RESIDENCE (# NURSING HOME) TY AT THE TOWN OF DEATH AL RESIDENCE (# NURSING HOME) TY AT THE TOWN OF DEATH THE TOWN OF D	A FULL FACILITY, GIVE STREET	WIDOWED DIVORCED DIVORCED TO THE INSTITUTION (STADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT HOMEMaker 13e STREET ADDRESS / ZJP CODE	ITOMA MD. IND KIND OF BUSINESS OR INDUSTRY HOME
oe executed within 24 In on and respectively trilled in medical	160	Ha: THER'S NAME Clarence We VAS DECEASED EVER IN U.S. AI	STey Clothier	IS MOTHER'S MAIDEN NA Katheri URITY NO. 17 INFORMANT	1370 Old BAYVI	0 Old Bay Vie
equires that the death certificate is signed by the attending physici Then please remove carbon paper to burial, cremation, ar removal injury, or other traumatic event, the	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF T	ene colonfin	APPEM DISCH	Yeas.
DING PHYSICIAN: The low requor of other this certificate has been steen the buriel-transit permit. The alth and Mental Hygiene prior to marked of them 18 shows any injury	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY HORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION		
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR. Af should be detached for use with the State Dept. of Health IMPORTANT: If them 21 is ma		sow the deceased alive or deceased. If the find it does not be seen to be see	OFFERNIT A WOH	PEGETE ATTENDING PHYSICIAN (220 ADDRESS 2003 ROCK	SPRINL Rd FOR	274. DATE SIGNED 5-13-67
	230	SPECIFY) BENT PH. TEMOVAL	235 DATE 4-87 PB	LAME OF LEWEIER ME CREMATORY	North Last Ce	e oivil Md. STATE

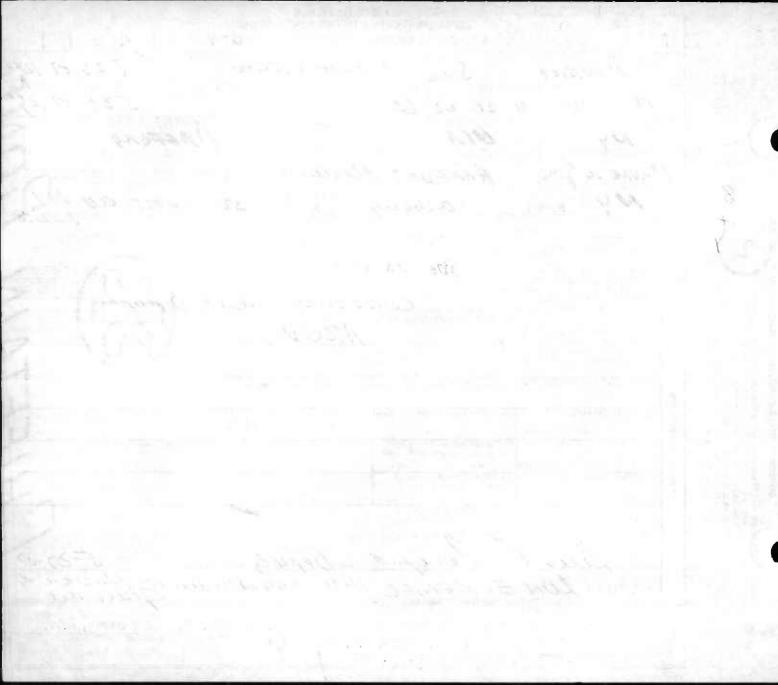
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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL MAECIORCI

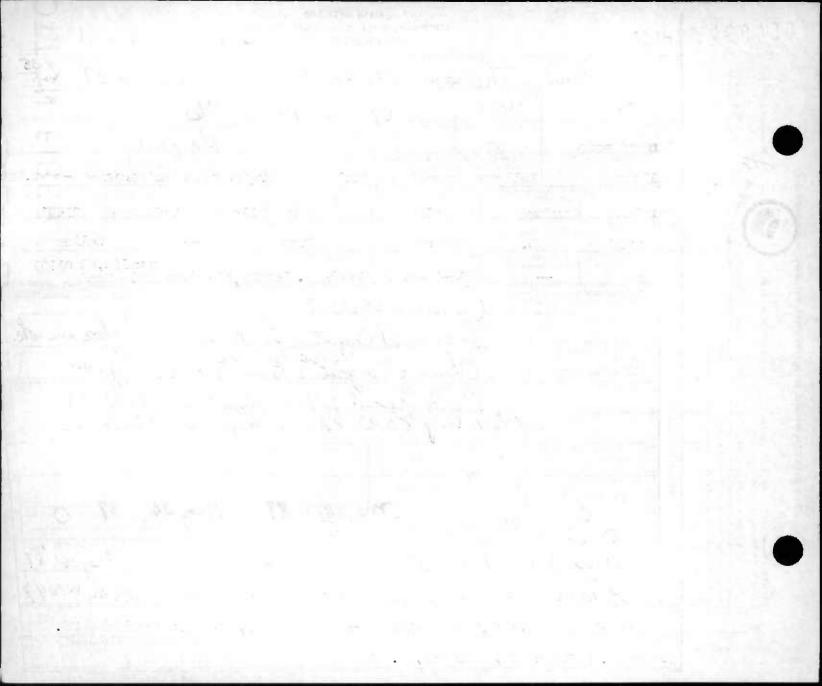


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4738 MY 20		STATE PET TUTT	eral home		ICAL EXAMIN			4.9 0-4	10 4	5
		CEASED NAME E OR PRINT)	RICE	I FLAS	MIDDLE	Yun	HULST	CIN 24 DATE KNOW OF ESTI-	1	23 87 12 HOUR
RECTOR. RECTOR. RECTOR. RELIES. PHOURS	3 SEX			DATE OF BIRTH	AMUEL 6. AGE (IN Y		IDER 1 YR. IIF UNDE	DEATH MATEL	MONTH	DAY YEAR 24 HOUF
ARY, PIREC OUR I ON ST		M	W	12 P	23 63	RS.		MIN PRONOUNCED DEAD	5-2	3 1987 KK
ECESTA NERAL FOR Y		RTHPLACE ISSAILON MEXICOCOUNTRY	76	CITIZEN OF WH	AT COUNTRY?		ED NEVER MARI	_ // ./ .	FORCOUNTY	OF DEATH
25.5 T	10.0	TY OF TOWN OF DEA	TH. AT		ITAL, NURSING HOM			120 USUAL OCCUPATION	(TYPE OF WORK 12	MD KIND OF BUSINESS
PAGE	21	taure de	July	HA	ACORD	MI	euna	FOR MOST OF WORKING LIFE SELF-EMPLOYI		OR INDUSTRY RETAIL SALES
AND THE PROPERTY OF THE PROPER		AL RESIDENCE (IF IN NU TATE	HI COUNTY ALBAN		131. CITY OR TOWN		134 INSIDE CITY LIMITS? YES 🔀 NO 🗆	130 STREET ADDRESS	est a	1N4/
100	/4. E/	ATHER'S NAME FRST REUBEN	M	MODLE	MARMULSTEIN		IS. MOTHER'S MAID FIRST ELSIE	MIDDLE	KC	DOBALOOM
		VAS DECEASED EVER	IN U.S. ARMEE		166. SOCIAL SECURI		17. INFORMANT		pres	
S S S S S S S S S S S S S S S S S S S	_	YES	WW II		117-22-3551	•	GRACE CRA	FTS MARMULSTEIN	S	SAME AS #13e
		18 CAUSE OF DEAT PART I DEATH W	AS CAUSED BY	Υ;	-	1201	nary	Heart DI	Jean	BETWEEN ONSET AND DEATH
5 4 F 7 F 9 5		- B - 4			AS A CONSEQUENCE	OF	SCUO			
	1	Canditions, if a gave rise to cause (a) stating	immediate	(b)	AS A CONSEQUENCE		JEOD			
201 W. UTED W IN PEN EXAMINATION EXAMINATION ON, OR		lying cause last.		(c)	TO A CONSEGUENCE	OI .			S.	
RECORDS, 2 LD BE EXECU PENDING: TO AS A BURI HEALTH AND CREMATIO	z	PART 2 OTHER SIGNIFICAN	CONDITIONS CON	TRIBUTING TO DEATH BU	UT NOT RELATED TO THE TER	MINAL DISEAS	OR CONDITION GIVEN IN P	ART 1 /a		
NL RECORDS, 2011 JULD BE EXECUTED "PENDING" IN PR FE MEDICAL EXA SED AS A BURIAL SED AS A BURIAL SELATITH AND MEI AL, CREMATION, O	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDITI	ON FOR WHICH OPE	RATION W	'AS PERFORMED?			20 AUTOPSY?
OF VITAL R. ATE SHOULD E WORD "PI PLE CHIEF I.D BE USED WENT OF HE CO BURRAL, OF HE	Ē									YES NO M
		UNDERLYING	OR		MONTH DAY YEA		OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	M 18 PART 1 OR PART	2)
DIVISION IS CERTIFIC RATING TH RED TO GE 3 SHOU TE DEPART	MEDICAL	214 INJURY OCCUR	RED	21e PLACE O	FINJURY (ATHOME,		CATION			
DIN THIS C WARDI WARDI PAGE: TATE D	2	AT WORK AT W	ORK	STREET, PACTO	JRT, FARM, ETC.)		PIRECI	CITY OR TOWN	COUNT	TY STATE
W Z V		22a. I certify that	took charge o	f the remains descr	ribed above, held an	Autap	sy , Inspecti	on . Inquiry .	ond in my opin	ion
EXAMINER: CERTIFICATI ULD BE FOST DIRECTOR: , WITH THE		death resulted from	Natural a	couses	Accident L., S.	vicide	, Homicide	Undetermined monner		
A THE CANAL TO THE	1	ACTUAL SIGNATURE	us	6/2	eupe	e_m	· Depue	MEDICAL EXAMINER	DATE SIGNED.	5-27-87
JO MEDICAL EXAMERECUTE THE CERT PAGE 4 SHOULD REPORTED THE CERT AFFER DEATH, WITH BALLIMORE, MARN		EXAMINER'S NAME (TYPE OR PRINT)	Lun	CE R	ZENIEC	, u	ADDRESS 460	alliano	Tage	owl d
CA GEROLD	23a B	URIAL, CREMATION, R			23c. NAME OF CE		R CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	4
07/8 8P	24 F	BURIAL UNERAL DIRECTOR		6 MAY 1987	INDEPENDEN HAPEL, ALBAN		VOLENT CEME		LBANY COUN	
DHMH - 17 (VR A15 ME (5))	M	NAME ITCHELL FUNEF		1.10.0.10.00	•		12200	1987	are foreign	r-Rand



				STATE OF MAKTLAND											
			1 -	FOR STATE REGISTRAR			DEPAR		CATE OF D	MENTAL HYGI EATH	BIENES	REG. NO	. ! 2	1 5	12
				EASED NAME	FIRST	M	AIDDLE	1,	ST 1		20. DATE	OFDEATH	MONTH E	AY YEAR	26 HOUR
AN: The lo shysician. rficate has	deoth /	-0	97	OR PRINT)	aul	H.		M	Kee			m	Ay 4	1987	1:50 PM
DE d	ē		3. SEX		4	RACE		5. DATE O	F BIRTH DAY	YEAR	6. AGE (#	YEARS LAST BIR		IF UNDER 1 YEAR	HOURS MIN.
16 Oct	0		1	Male		White		5	28	1897	89		YRS.		
P +0	i k	71		THPLACE (STATE)	OR FOREIGN 7	CITIZEN OF V	WHAT COUNTRY	/? 8 MARRIED	7.5	AARRIED 🗆	9 BALTIM	ORE CITY O	R COUNTY	OF DEATH	
depth (check	I X	2	Pe	nnsylva			SA	WIDOWE	DI DI	ORCED [1	Ar Sc	ord		MD
19:	10	0	Ai	re de G	RACE	HACTO HOLD		et Address)	J Lo	eita		Car		INDUSTRY POS	tal
24 hou	0	3	13e, 5	L RESIDENCE (# N	URSING HOME OR O	Y	GIVE RESIDENCE BEFO	WN I	YES	TY LIMITS?		ADDRESS		RD 21	917
thin	9	0		THER'S NAME			-			MAIDEN NAM					
Pa A	M	10	1	Thomas	F	phia	McKee	190	Ad	ella		- WEIGH		Hus	
ecut	13	n	60 Y	AS DECEASED EV			16 SOCIAL SEC	LIHITY NO.	17. INFORMA	NT	- 7%	P. DORE	Box	116	
e ex	B 2	1	1	yes	WWI	was de paritis)	215-4	4-1363	Sall	ie Mck	(00	Risir			21911
e p	d	7		II CAUSE OF DE	ATH Care and		71	A	10		100	Track Date	15 00		DARTE SCHEWAL ONSET AND DEATH
100	A S E	- 1		FART L DEATH	WAS CAUSED	BY	ROMAIN	1	01.	. 0				BETWEEN	CHIEF AND DEATH
in in	0 0				IMMEDIATE	CAUSE int	reguy	ury .	faille	age ,	1		1		
th a	0 0	- 1				DUE TO, OR	AS A CONSEQ	UENCE D	2000	(-1)	Duo)		
de de	office Principal			Conditions, if a		(6)_		- 4	aguns	ayou	True	myon	ua	-	
hot the	A. Commi			couse (a), sto underlying co-	ting the	DUE TO, OR	AS A CONSEQ	UENCE OF	brown	c lynn	pleo	cytic	leule	and	
quires t	hen ple to bur njuny, m		NO	PART 2 OTHER S	GNIFICANT CO	ONDITIONS CO	ntributing I	DEATH BUT	NOT RELATED	TO THE TERM	NAL DISE	ASE OR CON	DITION GIVI	EN IN PART 1	0
×	prior	7	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHIC	H OPERATION	WAS PERFO	RMED	200 AU	TOPSY?		, WERE FINDI	
0 0	Ne Ne	1	IFIC								YES 🗀	поп		YING CAUSES	OF DEATH?
i. Th	Hygie 18 sha	4	ERT	210. ACCIDENT WAS	JNDERLYING	216. TIME OF	FINJURY		21c HOW IN	JURY OCCURR					110
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Sic	7 0 7	7	MEDICAL	(IF EITHER NOTIFY M		P.A		19	211 LOCATIO	N.	-				
G PHN offend er this	os the builth and Norked or		MED	WHILE NOT	WHILE WORK		EET, FACTORY, OFFICE	E, FARM, ETC)	STREET	,,,		CITY OR TO	WN	COUNTY	STATE
Aft of A	alth mar			220 I certify that		ol) ottended the	deceased from	1		19	to			19	that (I) (we) lost
OR OR	f He				osed alive on_) (did) (did not)				d that in (my)	(our) opiniem d	feath, occur	red on the de	ote and hour	and from the	couses stated
AT	or or			obove, (I) (we) (did) (did not)	view the body	ofter deoth.		EGREE		1		_	224 DATE	ISIGNED
AL OR the H	letach ste Des T. If He			TIE OICHAIGKE	Burn	01-	Yes		A	TTENDING V	MEDICA			5	4/87
TO FUNERAL	shauld be deta with the State I IMPORTANT: If			224 PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e ADDRES	S					
5 e 5	S 2 3 3		23a P	URIAL, CREMATIO	N. REMOVAL	23b. DATE	734	NAME OF C	METERY OR C	REMATORY	23d LO	CATION			
BP				SPECIFY)	,						0 (NWOT SO YTE	~	COUNTY	STAFE
Br		-	24 FI	Burial INERAL DIRECTOR		15-7-8	S./ W	lest N	otting	gham 250 DATE	F REC'D BY	REGISTRAD	25h REGIST	ecil	TURE
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	1				STATE	OF MARYLAND					
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	V 05	REGISTRAR		WIDDIE	CERTITIO			REG. NO.	NTH DAY	ores To	
oy be		CEASED NAME PIRST	1	mas	ME	RKE	Y	g. DATE OF DEATH MON	5 26	0.00	6 35
pod de	3 SE		4 RACE	011000	S. DATE OF		6	AGE (IN YEARS LAST BIRTHDA		-	UNDER 2 HRS
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Pod in Pod		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	The server as a server	9	BALTIMORE CITY OR C		EATH	
deoth.	Pe	ennsylvania	USA		WIDOWED		RCED	Hart	ord.		MD.
東京 電り	200	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	IG HOME OF	OTHER INSTITU	- 1	20 USUAL OCCUPATION	DRKING LIFET IN	DUSTRY	USINESS OR
by the filled		allston	Fallsto	on General	1 Hosp	ital	Hr	gineering To	echnic:	ian-US	-govt.Re
	13a. S	AL RESIDENCE (IF NURSING HOME STATE 1136 CC	OR OTHER INSTITUTION	13c. CITY OR TOW		3d INSIDE CITY	LIMITS?	Be STREET ADDRESS / ZI	P CODE		
	Ma	-	ford	Magnolia			O 🖳	114 Fort Ho		ad 2	1101
14個響館	14 FA	THER'S NAME	WIDDLE	LAST		5 MOTHER'S M.					
1 到路/6代	V	David	D.	Merkey		FIRS	ora	WIDDLE		Zell	er
1 2 7 3 7		VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	7 INFORMANT		ADDRESS	Mamali	-	
Modico medico	,	YES, NO OR UNKNOWN)	GIVE WAR OR DATES)	715-16-0	1269	Ronald F	. Merk	ey 116 Fort	Magnoli	Pood	₹1101
ALT he b te b sers.		18 CAUSE OF DEATH (Enter	only one couse pe)		07,220 1011	INTYTE	APPROXIMAT BETWEEN ONS	E INTERVAL
T., B.A physic npop movol		PART I. DEATH WAS CAL	JSED BY:	(ardu	/ .	LLOST				BETWEEN ONS	11 8000 12 810
rent cert		IMMED	HATE CAUSE (o)			0001	Λ			1	0
on, o		Conditions, if ony, which	DUE TO, O	AS ACONSEGUE	NCE OF	mont	in la	Sugar		Trace 1	one wk.
PRE de		gove rise to immediate	(b)_	2	TCACT C	()	0.	- Vear		U	7
by the ose re		couse Io), stoting the underlying couse lost	DUE TO, O	Chron	ic Co	ngester	io hea	of Tailene	. 1	grs	
ires 1 gned n ple buro		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT N	RELATED TO	THE TERMIN	AL DISEASE OR CONDITION	ON GIYEN IN	PART La	
en si or to	ě		00	acute.	ren	el fait	me. 1	typotensen	. A.T. 1	VCF)
n. n. prio	CERTIFICATION	19a. DATE OF OPERATION	c of all	TON FOR WHICH	OBERATION!	YAS PURM	ED .	AUTOPAT 20	I CERTIFYING	FINDINGS	USED DEATH?
TAL The icron te horizing print prin	- E	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	JE INTUINA		11. HOW BILLIE	W 0.55.4885	VES NO NO	YES		NO 🗌
SICIAN: The SICIAN: The supplication of the su		OR CONTRIBUTING CAUSE OF			AY YEAR	ZIC HOW INJUR	CY OCCURRED	ENTER NATURE OF INJURY IN	ITEM 18 PART 1 O	R PART 2)	
Z SEC Cert Cert Cert Cert Cert Cert Cert Cer	S	(IF EITHER, NOTIFY MEDICAL EXAM		.M.	19						
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the otherading physicion. Ifter this certificate has been signed the state burnol-tronsit permit. Then pleo the and Mental Hygiene prior to burnol, orked them Lancon certificity, or contend the plants of the manual and the plants.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK		OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION		CITY OR TOWN	C	OUNTY	STATE
Afte os solfth			(a-1) (a-1) al	and desired from	71	au 18,	87	man	16 10	87	0
T S S S S S S S S S S S S S S S S S S S	100	220.1 certify that (1)(this has sow the deceased alive			817		r) opinion der	oth occurred on the dote of	and how and		(I) we) last
ATT Ospin ed fo m 2		obove (I) (we) did (did	not) view the bod			GREE	., opinion acc	- In occorred on impable to			
OR on DIRE ochec		M. SIGNATOR	00			ATTE	NDING .	MEDICAL STAFF	· ·	DATE SIC	1 07
RAL Get	1	Class C)-6.0	un, ac		PHY	SICIAN X	DIRECTOR PHYSICIAN		May 2	6,81
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of of short	23o E	BURIAL, CREMATION, REMOV		JUN, M.		AETERY OR CREA	MATORY	123d LOCATION	1 4/15	, orn	77/
BP		Burial	May 29					s, Bel Air	Harfo	rd N	Md. STATE
	24 FI	JNERAL DIRECTOR	1-1 -5	,			250 DATE R				
DHMH - 16 60M 7/84 (VRA 15, 4)	Ho	oward K. McCon	as III,	Abingdon,	Md. 21	009	MAY	2.8 1987	1	ordan F)
							1	201011	The Site	arcon 6	and age



002	JU	L	FOR STATE REGISTRAR			DEP		NT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENE	REG. NO.	4	5	14
ge 3 eath			OR PRINT)	FIRST	LEO 1			OORE	AST		22, 1987		Y YEAR	26 HOUD 0
director, page 3 hours after death	19	3. SE	Male BIRTHPLACE (STATE OR FOREIGN CHITGAN CITY OR TOWN OF DEATH Edgewood		4 RACE White 76. CITIZEN OF WHAT COUNTRY? USA		5	Marc		6 AGE (IN	YEARS LAST BIRTHDAY)		UNDER I YEAR	IF UNDER J. HRS.
72 hou		Mid						WIDOWE		Harford County MD.				
The state of		1			11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 1820 Larch Drive			DRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION (IVE OF WORK FOR MOST OF WORKING LIFE) Chemical Engineer, US-govt. Ret.				
PA	Z)3a S Ma	AL RESIDENCE (# NUR STATE aryland	Harfo	TY _	134 CITY OR Edgewo	TOWN	DMISSION)	13d INSIDE CITY LIMITS? YES NO X		ADDRESS / ZIP Larch D	COPE	21	040
1	劉	1	John Leo						15. MOTHER'S MAIDEN NA		Oribell		Chapman	
s. Pages	It is marked at Item 18 shows any in		VAS DECEASED EVER (ES. NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	366-2			Patricia A.	Moore,	ADDRESS 1820 La	Md.		
ending physicale carban paper in, ar remaval.			18 CAUSE OF DEAT PART I. DEATH W	H (Enter on /AS CAUSEL IMMEDIAT		Cura	LA F	rule	monary	ari	ust		BETWEEN	MATE INTERVAL ONSET AND DEATH
by the att			Conditions, if any gave rise to im cause (a), statiunderlying couse	mediate ng the	DUE TO, (AS A CONS	EN!	CE OF	ration (men	mona	V		
Then plec		CAL CERTIFICATION	PART 2 OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTING	TO DE	ATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDITIO	N GIVEN	IN PART 1	ō
it permit.			HI DATE OF OPERA	TION	IVE CON	OTTION FOR W	HICH OF	PERATIO	N WAS PERFORMED	70s. AUT			Address of the Control of the Contro	NOS USED OF DEATH?
toll I			OR CONTRIBUTING []	CAUSE OF DEA	HOUR A	OF INJURY LM. MONTH	DAY	YEAR 19	THE HOW INJURY OCCUR	RED (switch in	YOUR OF HOUSE SYSTEM	gai tij Kair	(DEPARTS)	
fter this as the bund Minand M		MEDICAL	AT WORK AT WORK AT WORK	10/	21e PLACE LATHOME S	OF INJURY	mce trial	+/e	TH ACCATION		10-10	2	COUNTY	MAR
DIRECTOR: A ached for use Dept. of Healt			27x 1 certify that (1) saw the decease above, (1) (well)	ed alive of	al) attended	15	19 S	7.0	d that in (my) (our) aginion	death accurr	ed on the date or	od hour o	No. of Street, or other	San
RAL DIRE detached late Dept			276 SIGNATURE	18	w	7	-6-0-		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		5-22	-87
should be detached f with the State Dept. o	MPORTANT		22d. PHYSICIAN'S N	200	er -	Sunt	Th		228 ADDRESS 03	Bell	un &	4-	7011	4 ba, 146
F v 3 ≤		23a 8	BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE May 26	,1987			n Cemetery		YORTOWN	larfo	ord	STATE Md.

Mt. Zion Cemetery

Howard K. McComas III, Abingdon, Md. 21009

y Bel Air Harford Md.

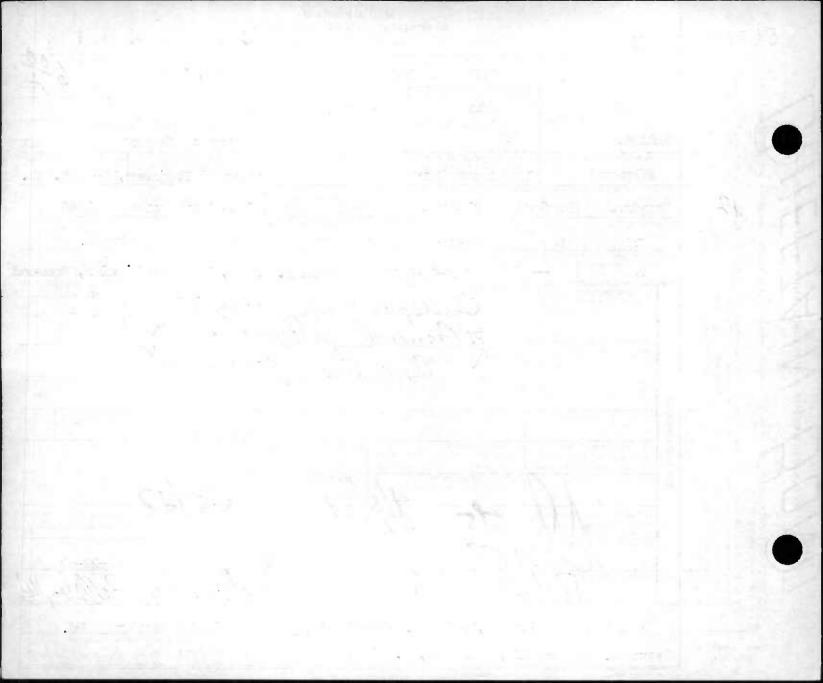
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Aulia Kinder Rendards

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)



0	5	2	9	Č	6	HA
5			24 hours ofter death. Page 4 may be		Illed in by the funeral director, page 3	otones
.00.0	ND 21201		24 hours ofter		illed in by the f	militae notified of one

	STATE			DEPARTM		ICATE OF DEATH	IENES 7		4 5	1 5
- 75	REGISTRAR			MIDDLE		AST	REG. NO		DAY YEAR	
	CEASED NAME OR PRINT)	FIRST					26. DATE OF DEATH	MONTH		26 HOUR
	He	elen	ELI	reda	Mor	gan		5	7 1987	1:23P.M
3. SE	(4. F	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female		Wh	ite	Nove	mber 15, 1908	78	YRS		Min.
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	TY OF DEATH	
	Germany	-8	U.S	S.A.	WIDOWE		Harford	Cour	nty	MD
1	TY OR TOWN OF DEA	TH 11.	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A 3 Crestwo	ADDRESS)	or other institution	126 USUAL OCCUPATI	F WORKING		OF BUSINESS OR
USU	AL RESIDENCE (IF NURS			GIVE RESIDENCE BEFORE	ADMISSION)					
	Maryland	Harfor	rd	Edgewoo		13d. INSIDE CITY LIMITS?	323 Crestw	zip col	Drive /2	21014
III FA	THER'S NAME					15. MOTHER'S MAIDEN NAM		- 1		
1	Heinri	.ch	DLE	Maurit	Z	Helena	WIDDIE		Rite	ckkat
	VAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	2.	1221
- I	(ES NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	220-30-20	98	Mary A. Kels	so 2017 Sue	Cree	k Drive	Essex, Mo
	18 CAUSE OF DEATH	1 (Enter only o	ne couse per	line for (a) (b) pas	110-				APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED B	Υ:	ANTA	noln	the coulde	carcion	C	BELVIEL	ONULT AND DEATH
		IMMEDIATE C		1000	0	COLOR	CLOUDOUS	1	100	
	Carallata at a	/	DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if any, gave rise to imm	nediote	(b)							
	cause (a), statin underlying cause	g the lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					
	2.22.2.62.62.6.6		(c)							
z	PART 2 OTHER SIGN	IIFICANT CON	ADITIONS <u>CO</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	EIVEN IN PART TO	0
CERTIFICATION	19a DATE OF OPERAT	1001	LIN COND	TION FOR WILLIAM	OBERATIO	N WAS PERFORMED	20a AUTOPSY?	Tank IF V	ES, WERE FINDIN	100 1000
S.	190 DATE OF OPERAT	ION	196 COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	ZUG AUTOPST		TIFYING CAUSES	
E						T.,	YES NO		YES 🗌	ио 🗌
	21a ACCIDENT WAS UND		HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	8 PART : OR PART 2)	
SAL	LIF EITHER NOTIFY MEDIC		P.	M.	19			1.15		
MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY	ADAM ETC 1	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
2	AT WORK AT WOR	ILE T	TAT THOME, ST	SECT, FACTORY, OFFICE, FA	ARM, ETC J					
	226 I certify that (I)	(this hospital)	ottended th	e deceosed from_		. 19	, to		. 19	that (It (we) last
	saw the decease above, (I) (we) (d		ew the hady	ofter death	, 01	nd that in (my) (our) opinion o	death occurred on the de	ate and ho	our and from the	couses stated
	22b. SIGNATURE	- 11	4	direi dedili.		DEGREE	,		224 DATE	SIGNED
		1 /W	MAN		MA	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		5/81	82
	22d. PHYSICIAN'S NA	ME (TYPE OR PR	INT)		///	22e ADDRESS	J DINCETON [] FITTSIC		, 101	-
	-	MA. 1.	01			una Forda	in Blund	6	22/1	

BP.

etained by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physionauld has detached for use as the build-transit permit. Then please remove carbon pop should be detoched far use os the burial-transit permit. Then please remove carbompo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

IMPORTANT: If Hem 21 is marked at Hem 18 shows ony

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE 236. BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

10100

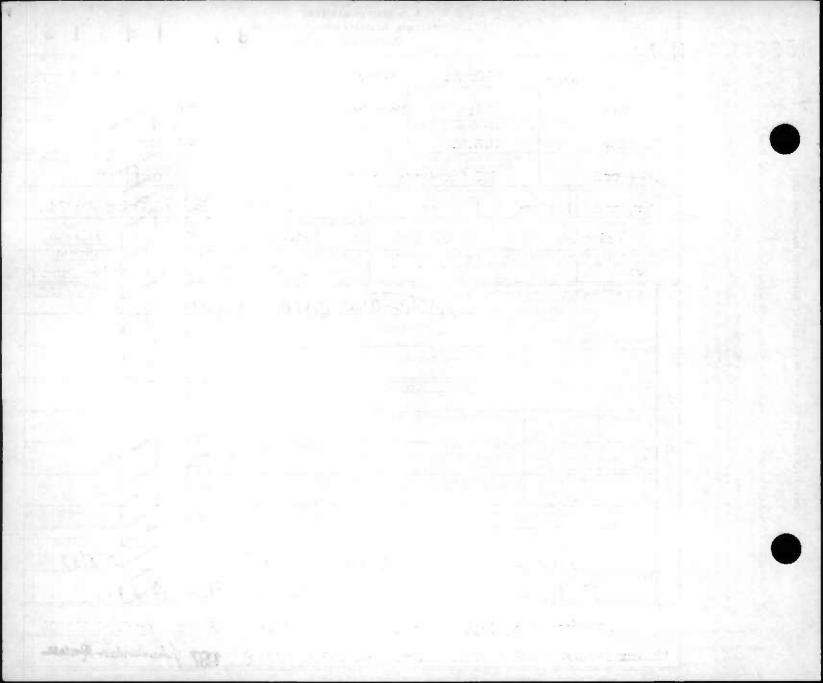
Green Mount Crematory

23d LOCATION
CITY OF TOWN
Baltimore, Maryland 21202

235 REGISTRAR'S SIGNATURE

Walter Brooks Bradley, Inc. Balto., Md. 21222

May 11,1987



				STATE OF MARYLAND		
Actual Land	1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYGI	IENE 8 7	14516
275 HY		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	IAST	20 DATE OF DEATH MONTH	
9 53 06		(Tenevi	eve Kilen	lorrison	5	19 87 12:45AM
E AP	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
redo 4		temale	White	Feb. 27, 1921		rRS.
2 0 d		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COL	JNTY OF DEATH
deat deat	1	Misylvania	U.S.H.	WIDOWED DIVORCED		-d COUNTY MD.
4590	10 C	aure de Grace	(IENOT IN SUCH FACILITY, GIVE STREET	ADDRESSI	120 USUAL OCCUPATION LEVEL OF WORK FOR MOST OF WORK	126 KIND OF BUSTNESS OR INDUSTRY
1	MSU.	IL RESIDENCE IN MURSING HOME OR TATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSIONI	13e STREET ADDRESSY ZIP (CODE /
2 1 BS	M	A CONTRACTOR OF THE PARTY OF TH	Aberleen	YES NO	322 So. PARK	ESTE /21001
1 1941	14. FA	THERE NAME	MIDDLE	15 MOTHER'S MAIDEN NAM	AE MIDDLE	(AST
1/1/20		ADDISON	DISSTON RILE	GENETIE		VANDEGRIFT
nsila		VAS DECEASED EVER IN U.S. AR	ENVAR OR DATES)	RITY NO. 17 INFORMANT	ADDRESS	1 2100
人等是		NO N	1A 185-20-4	447 Barbara Bakel	2; 215 HEMLOCK	LANE, HBERLAEN, M
1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per lyle far 101, 150 on	dic)	C-11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 2211	1		TE CAUSE (a)	[wimmary]	annu	
th the confined of the confine	1	5 7 7 7 7 7	DUE TO, OR AS AGON SEOUR	NCE OF		
des principal months		Conditions, if any, which gave rise to immediate	(b)	yrny sema		
4 4111		couse (o), stoting the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
the de la se		underlying cause last	((c)			
segme bengn a ben proy.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	V GIVEN IN PART 11a
1192	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
5 5 5 5 7	IFIC				YES TO NOT	ERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
59 1113	ERT	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	
36 455 7	CAL	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
X 2 0 1 1 1	DIC.	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
the state of the s	MEDI	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE F	ARM ETC) STREET	CITY OR TOWN	COUNTY STATE
O A P	1		tal) attended the deceased from_	, 19	, to	
E# 539 ==		sow the deceased ofive on abave, (I) (we) (did) (did no	ti view the bady after death.	ond that in (my) (our) apinion d	leath occurred on the date and	d have and from the causes stated
Part Part	1	226 SIGNATURE	0 0	DEGREE	0	Dr. DATE SIGNED
A TAL		Hanh h.	minalism	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/19/87
HOSPI PUNE Sold be Sold be Sold be NORTAN		DANTE U.	MONAKIL	1220 ADDRESS HAVRE A	Graa,	nd 21078
54 5413		URIAL, CREMATION, REMOVAL	23b. DATE 23c h	AME OF CEMETERY OR CREMATORY	23d LOCATION	/ 0
BP	2	MOYAL/CREMATION	5-19-87 R.	A. FERRIS & CO	WEST CHESTER	E CHISTER PA
DHMH - 16 60M 7/84		JNERAL DIRECTOR			REC'D BY REGISTRAR 256 RE	EGISTRAR'S SIGNATURE
(VRA 15, 4)	TA	ering Funeral	HOME P.A. HEER DE	EN, Mb. 21001-339MA	Y 2 1 1987 8	Lia Dinder Road

Management of the contract of

the funeral director, page 3 d within 72 hours after death

STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE							
CERTIFICATE OF DEATH	8							

	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HY	GIENE / REG. NO	1 4 5	17.
	1. DECEASED NAME FIRST	MIDDLE		LAS1	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Guy	Jacob	NI	EEDY	MAY 8	11987	5100 M
	3 SEX	4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT)	HDAY) IF UNDER 1 YE	
	Male	White		10,1901	85	YRS MONTHS DA	HOURS MIN.
gil.	OUNTRY)	76. CITIZEN OF WHAT COUN	NTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
)	Maryland	U.S.A.	WIDOW		Harford		MD.
)	Bel Air	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE 103 E Donzen	STREET ADDRESS]	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Business Ex	WORKING LIFE) INDUSTI	of business or ry f-Emp1.
10	USUAL RESIDENCE (IF NURSING HOME CO. 136. STATE	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	ACC. DCI	L-Linpi.
1	Maryland Harf	Total City On		YES NO	103 E Donze	en Drive/2	1014
	14 FATHER'S NAME	MIDDLE LAS	,-1	15 MOTHER'S MAIDEN NA	AME	DI IVO/ E.	
)	Jacob	Need	_	FIRST	UNK		(AST
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO	17 INFORMANT	ADDRES	SS	
	NO		7-2701	Louise Needy	, Same as Ab	ove	
	Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause last		SEQUENCE OF	PRREST RESTIC (ARDIO TENSION	C VASCULAR Z	DISEASE	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			MINAL DISEASE OR COND	ITION GIVEN IN PART	1 0
5	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINING CAUS	DINGS USED SES OF DEATH?
-		The state of the s	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	1)
	OR CONTRIBUTING (IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY	t Ann ETC)	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	22a.1 certify that (1) (this bock sow the deceased alive an abave, (1) (wa) (did) (did			nd that in (my) ما	, ta	e and hour and from t	he causes stated
	22b. SIGNATURE	Human	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		TE SIGNED 149, 1987
	22d. PHYSICIAN' NAME (TYPE)			22e ADDRESS			
ĸ.	230 BURIAL CREMATION REMOVAL	236 DATE	231 NAME OF C	EMETERY OR CREM ATORY	23d LOCATION		

BP.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

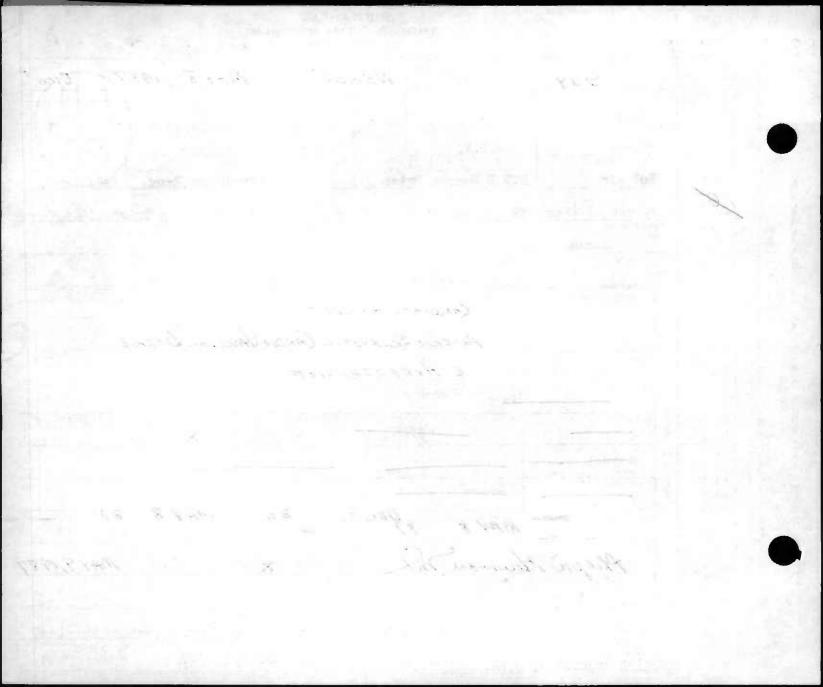
with the State Ucpt. University of them 18 shows any IMPORTANT. If them 21 is marked or them 18 shows any

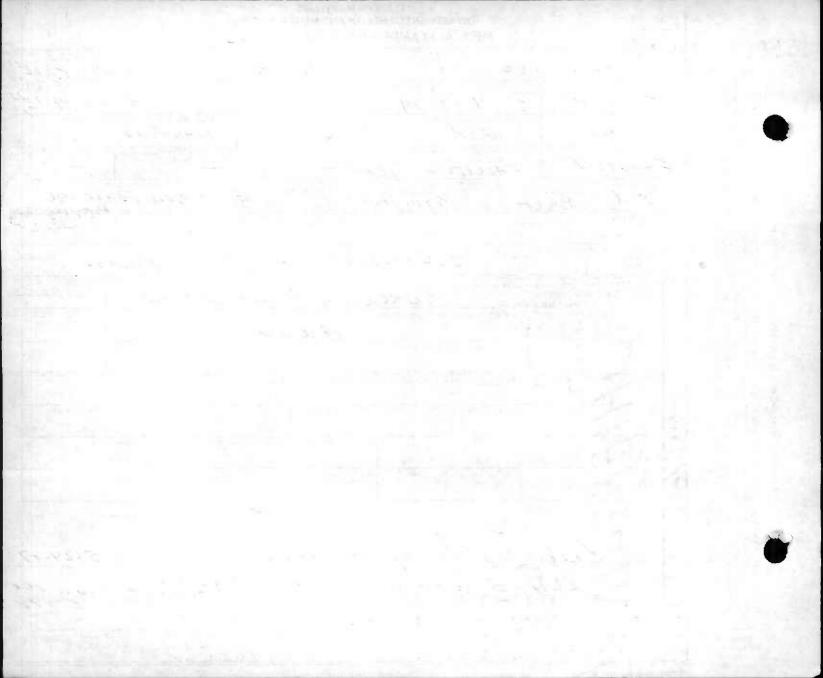
injury, or other troumotic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Burial

Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399





14.7	on.	FOR STATE REGISTRAR Mai	rie E.			MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO		5	9
		CEASED NAME	FIRST	De-	MIDDLE	ı	AST 7	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
			MARI		E.		UILES		5 1	781	100
	3 SE	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HR
	I	Temale		White		Augus	st 7, 1898	88	YRS	DAIS DAIS	, , ooks
5		RTHPLACE (STATE OR F	FOREIGN	b CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVERMARRIED -	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
>		Maryland		U.S.A.		WIDOWE		HAVEO	CO CO	unty	٨
1	10 C	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPATION			BUSINESS
-	HA	VEE de GRA	CE,	Citiz	EUS Duck	-	Home	TITPE OF WORK FOR MOST O	Homem	aker	
~	13a S	AL RESIDENCE (IF NURS STATE Maryland	13b COUN Harfo		GIVE RESIDENCE BEFORE 13c CITY OR TOW Bel Air		134 INSIDE CITY LIMITS?	136 STREET ADDRESS A	ZIP CODE burne	Road 2	21014
	_	THER'S NAME					15 MOTHER'S MAIDEN N.	AWE			
1		George	N	AIDDLE	Beimschla		Katherine	WIDDLE		Slar)
-	160 V	VAS DECEASED EVER			165 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	i	YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	213-32-7	185	Mr. William	C. Niles s	ame as	13e	
		PART I. DEATH W Conditions, if ony, gave rise to imm couse (o), storin underlying couse	, which mediate ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	C APPE	My Sils	DITION GIVE		MATE INTERVAL INSET AND DEAT
9	CERTIFICATION	190. DATE OF OPERA					N WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY	, WERE FINDIN	GS USED OF DEATH?
X.7	MEDICAL CERTIF	210. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEAT CALEXAMINER)	P. 21e PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE F.	19	21c. HOW INJURY OCCUI	RED (ENTER NATURE OF INJUS			NO STATE
	ME	WHILE NOT WH	TILE	0.00							
	ME	22a.l certify that (I) saw the decease	(this hospite	ol) ottended th	ne deceased from	(7	d that in (my) (aur) apiniar	to 0 17	nte and have	,	hot III (we) lo

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Leonard J. Ruck, Inc. Baltimore, Maryland

05/20/1987

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Oaklawn Cemetery Baltimore, Maryland State Rec D. By Recustrant Design Assistant MAY 19 1987

NOT SHARE AND REAL OF SHARES AND

All the state of t

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6	60	Com	1
		-	

	STATE	OLI A	CERTIFI	CATE OF DEATH	REG. N	0.	2 0
	1. DECEASED NAME FIRST ORA	MIDDLE	E C	SBORNE	20. DATE OF DEATH	MONTH DAY YEAR	5:53 P
		RACE White	S. DATE O		6. AGE (IN YEARS LAST BIR	IF UNDER TYEAR MONTHS DAYS	IF UNDER 24 HRS
	70 BIRTHPLACE ISTATE OF FOREIGN 76. COUNTRY) ASHE Country North Corelina	CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY C	REFORD CO	MD.
2	Hayrede Gerce	NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST	Mens Mens	111.01/	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY	MAKER
	USUAL RESIDENCE (# NURSING HOME OR OT) 130. STATE 136 COUNTY Waryland Harfor	13c CITY OR T	EFORE ADMISSION)	13d INSIDE CITY LIMITS?		ZIP CODE dy Hook Road	21050
)	14. FATHER'S NAME	20nes	5	15. MOTHER'S MAIDEN NAM	MIDDLE	Robi	aosu
-	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W			mr. Harold A. Os	120	CALVARY RUBE	ज्य राष्ट्रिष्ठ
The second secon	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT COL	DUE TO, OR AS A CONSE	SOUENCE OF	f fail	NAL DISEASE OR CON		MAJE INTERVAL ONSET AND DEATH
2	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	HICH OPERATION	N WAS PERFORMED	YES NO NO	206 IF YES, WERE FIND II IN CERTIFYING CAUSES YES []	
7	27d. PHYST. INS NAME (TYPE OR P) 27d. PHYST. INS NAME (TYPE OR P)	riew the body ofter death	19 FICE FARM, ETC.) Om.	216. HOW INJURY OCCURRI	CITY OR TO	oven COUNTY 19 ote and hour and from the	
	730 BURIAL, CREMATION, REMOVAL			Emerial Gardons	23d LOCATION CITY OF TOWN BELAIT, HA	rent Cur maryli	A STOIL

DHMH - 16 60M 7/84

TO SEPH William Foster So W. Broadway & Williams St. (VRA 15, 4)

Bed Air, Harford Co, marylan 2101

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 / _{REG. 1}	10.	4	C'S	2	ĺ
DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	7

	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	1 4 5	2
	EASED NAME	ELMA	^	B.	PA	TRONE	20. DATE OF DEATH MONTH	26 1987	7,18 M
3. SEX	FEMALE	400	N. RACE WHITE		S. DATE O		6. AGE IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	THPLACE (STATE DUNTRY) GEORGIA	OR FOREIGN 1	b. CITIZEN OF V	WHAT COUNTRY	7? 8. MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY OR COULT	NTY OF DEATH	MD.
HAVA	E de G	RACE	HARF	FACILITY, GIVE STREET	MORTAL	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN (RET) TEACHER		ION
13e. ST.	MD	13b COUN' HARF	TY	GIVE RESIDENCE BEFO 130. CITY OR TO HAVRE de	WN	13d. INSIDE CITY LIMITS? YES NO NO	13e STREET ADDRESS / ZIP CO 1715 CHAPEL ROA		21078
) I4. FAT	HER'S NAME FIRST WARRE		NIDDLE	LAST BUTL	_ER	IS. MOTHER'S MAIDEN NA FIRST IDA	MIDDLE	SPO(
	AS DECEASED EV S, NO OR UNKNOWN) NO		MED FORCES?	253 14 57		MISS CHARLOTTE	PATRONE, 125 W. LA	NVALE ST. E	BALTO 21217
Non		immediate of the use lost.	ONDITIONS CO	SKEASKE	DEATH BUT	OT RELATED TO THE TERM DICHATHIC N WAS PERFORMED		GIVEN IN PART 11 FYES, WERE FINDING RAISES	ROLATMY NGS USED
MEDICAL	PIO ACCIDENT WAS OR CONTRIBUTING [INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTMENT INFESTME	CAUSE OF DEAT	P.J	M. MONTH	19	211 LOCATION STREET	YES NO	YES	NO _
	22a I certify that	(I) (this hospite	ol) ottended h	19	87.0	DEGREE ATTENDING.	death occurred on the date and		that [1] (we) lost couses stated
1	224 PHYSICIAN'S	NAME (TYPE OF	PRINT) EC	K n	ND	220. ADDRESS 223 W.E	DDIRECTOR PHYSICIAN D	ABERDE	TEV, MI
	IRIAL, CREMATIC PECIFY) BUR]		23b. DATE 29 MAY			EMETERY OR CREMATORY	1236 LOCATION CITY OF TOWN HAVRE de GRACE,	HARFORD C	D., MD.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

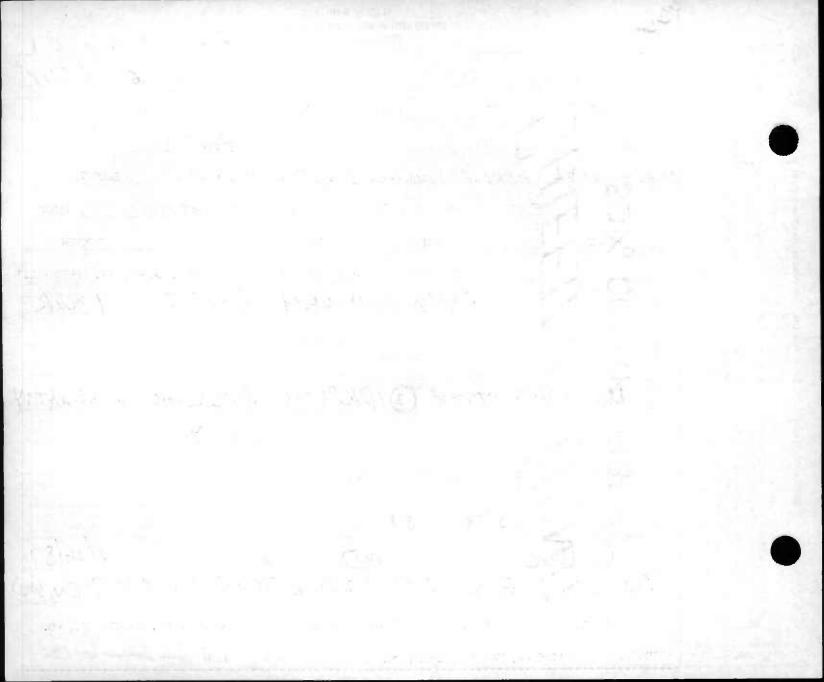
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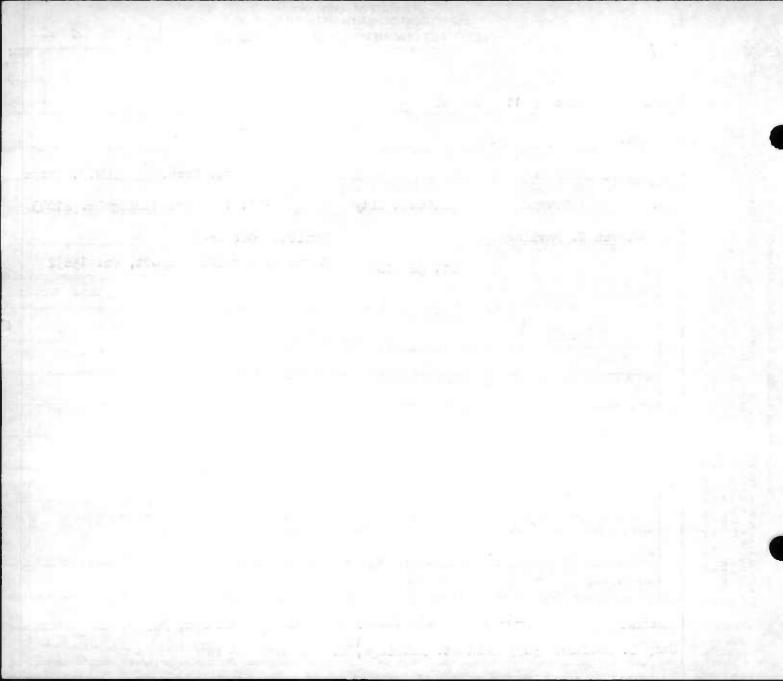
IMPORTANT: If Item 21 is morked or Item 18 sine— in injury, or other troumotic event, th

(VRA 15, 4)

FOR

4 FUNERAL DIRECTOR
NAME
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 JUN 1 1987 Julia Dender Roaders





that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate that Delivers and oblighted to the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transprenerment of the should be detached for use as the burial-transprenerment of the should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, ar other troumatic event, the medical Exigi

555

3 JUN

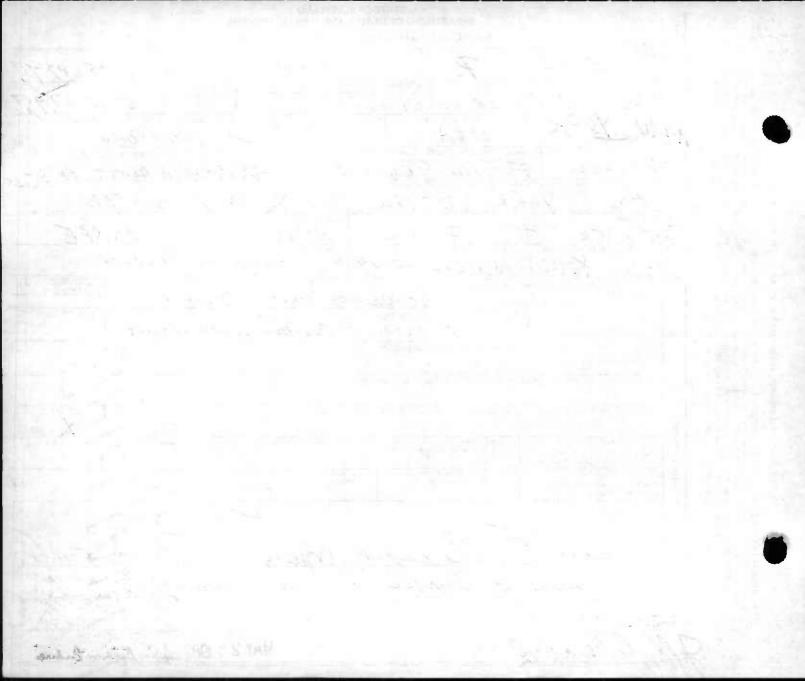
STATE OF MARYLAND

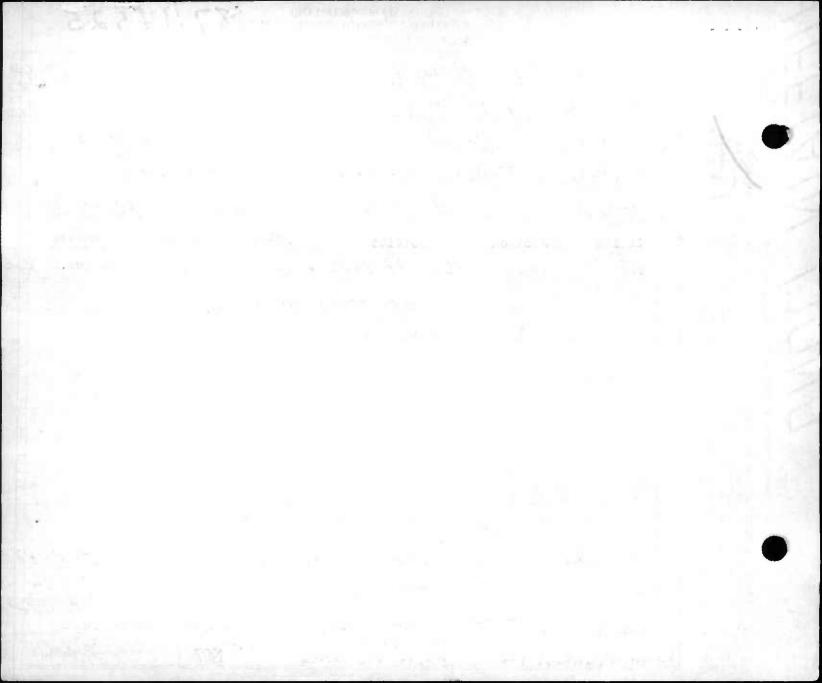
-1	17	STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DEATH	REG. N	0 1 4		2 3	t
	(TYPE	CEASED NAME OR PRINT) NNETOSE	FIRST		MIDDLE	Porc	O .	May 29, 19	MONTH DAY	YEAR	2b. HOUR	
	3. SEX	male		4 RACE White		5. DATE C	OF BIRTH 30, 01916 YEAR	6. AGE (IN YEARS LAST BIR	MONT	NDER I YEAR	IF UNDER 2	
1	(RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	PR COUNTY OF	DEATH		MD
	10 CI	TY OR TOWN OF DEA	тн			G HOME C	PROTHER INSTITUTION Pl. Apt202	120 USUAL OCCUPAT Manager	ON OF WORKING LIFE)	avert	ising	SOR
5	USUA 13a. S MD	AL RESIDENCE (IF NURSI STATE	NG HOME OR 13b COUN Howa	ITV	GIVE RESIDENCE BEFORE 131 CUTY OR TOWN COLUMBIA		13d. INSIDE CITY LIMITS? YES NO	16789 Apress	ry Ridg	e 210	44	
1		THER'S NAME lliam Geore	ge Fa	Ttin	LAST	M	15. MOTHER'S MAIDEN NA Hannah Kahl	e MIDDLE		LAS	1044	
	No	VAS DECEASED EVER I YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	178-16-0		John Porco	Columbia 535	9 Hespe	rus D	1044	
	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS C				NCE OF						
4	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	OF DEATH	!?
1	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING C	AUSE OF DEA	P.,	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	ORPART 2)		
	MED	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	AE 🗇	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	· ·	COUNTY	STA	ATE
		22a I certify that (I) saw the decease above, (I) (we) (d	d plive on	May	27 19		nd that in (my) (our) opinion	death occurred on the d	ote and hour an	d from the		
		226. SIGNATURE	TU	iner				MEDICAL STA		220 DATE	SIGNED 130/8	7_
		PAUL	T	ver			11085 Little		Parkunty	Colum	hin, in	NONA
	Bu		USSEL		TZKE FUNE	RAL H	emetery or crematory 's Church Cen IOMES P. A			DUNIY	STA	(TE
	24 6	BORAEDMONDS NAME	ON AV	E., CA	TONSVILLE	, MD	21228 250. DAT	UN2 1987	Julia 04	SIGNAL	Kindae	b)

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) EARL OF ESTI-DEATH MATED IF UNDER 1 YR. 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IE UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 24 54 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 136 COUNT 13e STREET FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 17. INFORMAN ARMED FORCES? CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL BURIAL-TRANSIT Cadlas orrhytrus Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) E USED AS A OF HEALTH A × CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? ORD "PE 20 AUTOPSY? ARTMENT OF NO [BE 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK AT WORK O FUNERAL DIRECTOR:
IFTER DEATH, WITH THE SALEMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinian death resulted from: Accident Hamicide Undetermined manner SHOULD TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23, 1981 YORK. DHMH 17 (VE A15 ME (5)) QUEEN ST 15M 7/77 7403





DEP ART

LAST

Rayman

MENT	OF	HEAL	HT.	AND	MENTAL	HYGIENE
CE	RTI	FIC	ATE	OF	DEATH	0

REG. NO 2ª DATE OF DEATH MONTH 2b. HOUR 26 87 05 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 1914

BALTIMORE CITY OR COUNTY OF DEATH

4. RACE 5. DATE OF BIRTH 3. SEX 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?

K

FIRST

Charlotte

136 COUNTY

MARRIED NEVER MARRIED WIDOWED

(TYPE OF WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIP CODE

126. KIND OF BUSINESS OR INDUSTRY

2104

10. CITY OR TOWN OF DEATH

UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

4 FATHER'S NAME

FOR

DECEASED NAME

- STATE REGISTRAR

(TYPE OR PRINT)

60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO.

17 INFORMANT

(IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and a PART I. DEATH WAS CAUSED BY:

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO OR AS A CONSEQUENCE OF

O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF COMDISION OWEN, AFPART LIG

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

WE DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH?

TIG. ACCEPT WAS UNDERLYING OF CONTRIBUTING CAUSE OF SEATH I F EITHER, NOTHY MEDICAL STAMPHER! 21¢ INJURY OCCURRED

216 TIME OF MUURY HOUR AM DAY YEAR

LAT HOME, STREET, FACTORY/OFFICE, FARM, ETC.) NOT WHAT 27s.1 certify that (1) (this haspital) attended the deceased from:

THE LOCATION

CITY DETOWN

STATE COUNTY

saw the destroyed alive on above, (1) [wey/did] (did not view the back after death 27 SIGNATURE

DEGREE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

27/ DATE SIGNED

224 PHYSICIAN'S NAME

22e ADDRESS

230 NAME OF CEMETERY OR CREMATORY

and that in implyour Jopinian death accurred on the date and how and from the course

POSTANT

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

-10	FOR	
ŕ	STATE	

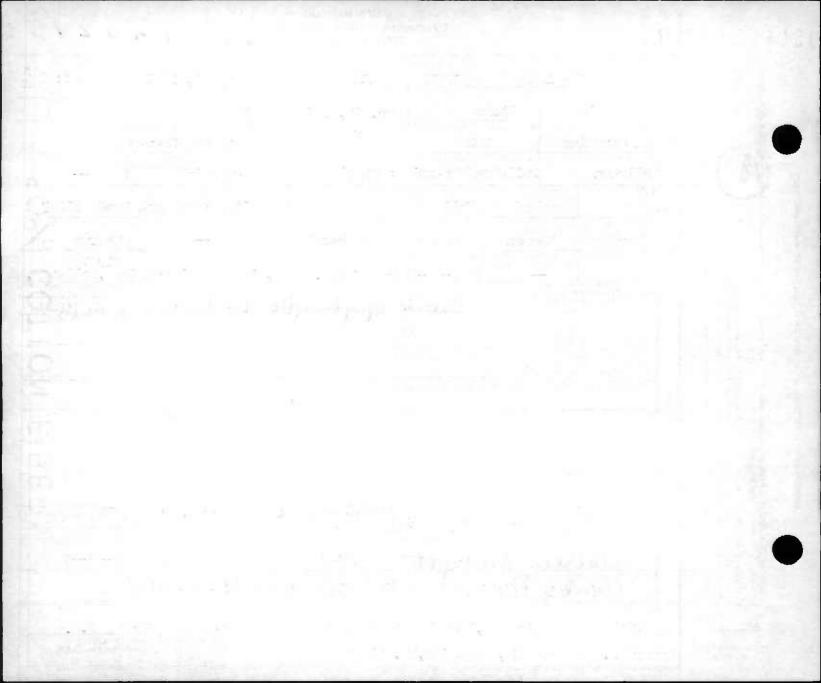
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7

1521

		REGISTRAR								REG. NO	Ο.			1.41	
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE O	FDEATH	MONTH	DAY	YEAR	26 HOUR	7)
			IRGIN		GREE		EID			21,				8:02	2 m
	3. SE	X		4 RACE		5. DATE (YEAR	6. AGE (IN	YEARS LAST BIRT	[HDAY]	IF UNDER	DAYS	HOURS	HRS MIN.
		Female		White			17,		58		YRS				
7	- (IRTHPLACE (STATE OR F		76. CITIZEN OF		NTRY? 8. MARRIE	D NEVE	RMARRIED -		RE CITY O			ATH		
6		rth Caroli			SA	WIDOW		DIVORCED		ford		-			MD.
2		Fallston		Fallsto	n Gene	ursing home (street address) ral Hosp		NSTITUTION	12a USUAL (TYPE OF WOR Hous	occupation of the second of th	ON F WORKING LI	FE) INDL	STRY	BUSINES	SOR
5	Ma. 9	ryland	136 COUR Harf	VTY _	134 CITY OF	NWOTS	YES 🗌	E CITY LIMITS?	13e STREET 1200	ADDRESS Peac	zip cob htree	Roa	d :	21047	
)	14. FA	Charles	Не	man	Gre			er's maiden na/	ME	MIDDLE		Ch	urcl	n	8
		WAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFOR	MANT		ADDRE	SS	21	047		
		no	(# 125, 67	-	242-4	0-1165	Coy	E. Reid,	1200	Peach	tree			11stc	m,M
		18 CAUSE OF DEATH W PART I. DEATH W Canditions, if ony, gave rise to imm	AS CAUSE IMMEDIA which	D BY: TE C AUSE (a)	Chy	SEQUENCE OF	mph	ocytic	Lei	eken	<u>ua</u>	Ot.	1 40	LOOV	-
7	CERTIFICATION	PART 2. OTHER SIGN	last.	(c) CONDITIONS <u>CC</u>	ONTRIBUTING	G TO DEATH BUT	95		INAL DISEAS		20b. IF YE	S, WERE	FINDIN	GS USED OF DEATH	1?
	8.1						1		YES 🗌	NO []		ES 🗌		NO 🗌	
7	MEDICAL CO	21a. ACCIDENT WAS UNE OR CONTRIBUTING CC (IF EITHER, NOT IFY MEDIC 21d. INJURY OCCURR WHITE NOT WHAT WORK AT WORK	AUSE OF DE	P.:	M. MONTH M. OF INJURY	DAY YEAR 19 DEFICE FARM, ETC.)	211 LOCA	INJURY OCCURE	RED (ENTERN.	CITY OR TO		COU		STA	ATE
		220 I certify that (1) saw the decease obave (1) Twe) (c	(this hosp	April	29	19 87,0	nd that in (r	19.80 ny) (aur) apinion (to death occurre	May ed on the do	2l ate and ha		om the c	hat (I) (we auses state	
,		CLICAL PHYSICIAN'S NA	rle	2 Va	de	et_	1220 ADD		MEDICAL	D PHYSIC	IAN 🗌	5-	-21-	87	
/		Cha	res	Pado	gett	, MiD.	50	501 100	ch R		Blu	0	_		, 12
		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	236. DATE May 24	,1987	230 NAME OF C				or town	As	she	N.	C. STA	LTE
		UNERAL DIRECTOR		en en co		RESS	1000	250 DAT	ERESP. BY	POSTRAR		TRAR'S SI			
	HO	ward K. Mc	Comas	s III, A	bingđo	$n_1Md. 2$	1009		0	0	TOW WILL		Luna	Married .	

DHMH - 16 60M 7/84 (VRA 15, 4)



	1-	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 7 REG. NO. 1	4528
138		CEASED NAME FIRST OR PRINT)	MIDDLE	Rì	LV DOD	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
100	3. SE		4 RACE	5 DATE	OF BIRTH H DAY YEAR	6. AGE JIN YEARS LAST BIRTHDAY)	IF UNDER 1 YE R IF UNDER 24 HRS
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.	RCH 19, 1917	9 BALTIMORE CITY OR COUN	
So of contract of the contract	V	RGINA ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOW	ED DIVORCED	HARFORD.	MD.
	B	SL AIR	BSLAIR	URSIN	· Home	TYPE OF WORK FOR MOST OF WORKIN	GLIFE) INDUSTRY
35	130 5	ALRESIDENCE (IF NURSING FOME COLORSTATE 131. COU	INTY 136 CITY O		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS ZIP CO	TH AVE
Now The Comments of the Commen	34 FA	THER'S NAME	12- 1-	AST ARO	15. MOTHER'S MAIDEN NA	AME	OAKISY
edicol /	11	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	VAICE
E P	9	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		(b), and (c),	I FAMIL	4 KECOROS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ic even			ATE CAUSE (0)	0- FOUN	ONTRY A	WES)	
round		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CON	SEQUENCE OF	ono v Ascur	AR Acciden	70
rother		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON		sular in	MFFILLENL	4
injury. o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
12	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
The state of the s	1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EAIN	TH DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM	IE PART (OR PART 2)
morked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY,		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is		22a.1 certify that (I) (***		_19	nd that in (my) appinion	death occurred on the date and	19, that (I) (===lost hour and from the couses stated
IMPORTANT: If them		27b. SIGNAT	blio.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
PORTAN	57	DAVID R. F		M. D.	1212 CHV	RUTUILE RD.	BEL ATR 21014
¥ †		BURIAL, CREMATION, REMOVA		13c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
M 7/84	24 FL	URIAL DIRECTOR	12-7-1181	DRESS 8800	71.11.0W	TE REC'D. BY REGISTRAR 256, REC	GISTRAR'S SIGNATURE
1)	2	VANS CHAP	220F1 12m	ORIES	ROAD	114 1 1 1981 8W	un partie

DHMH - 16 60M 7/84 (VRA 15, 4)

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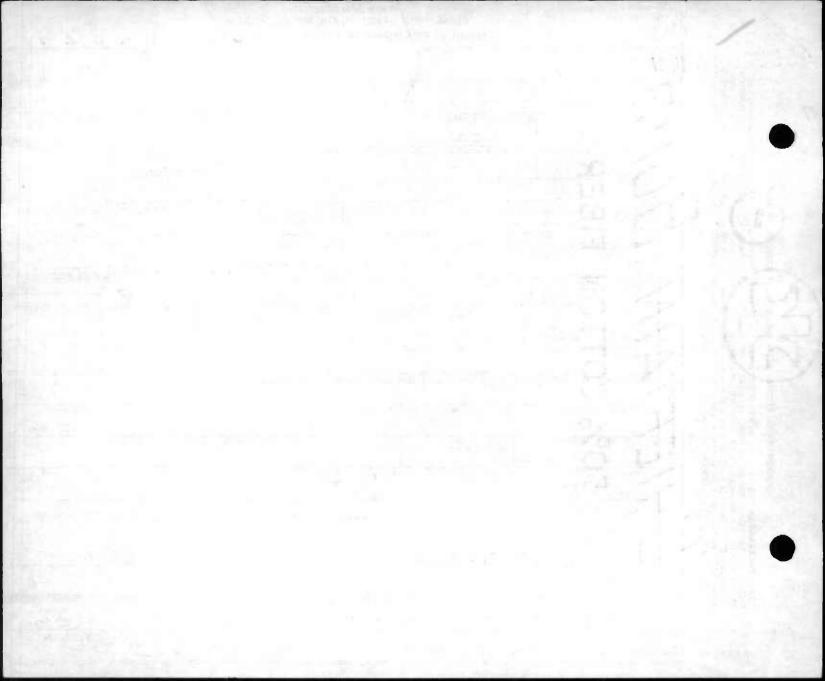
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5305 Harford Road

130 DATE REC'D. BY REGISTRAR 130 REGISTRAR'S SIGNATURE LAND

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

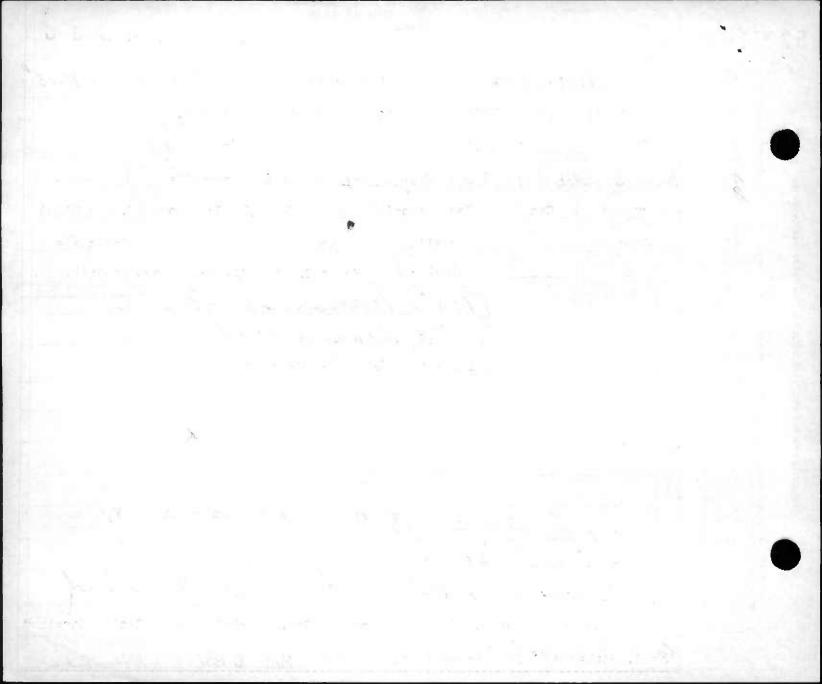


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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052856-W	W -8	07-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL H	YGIENES 7	1 4 5	3 0
noy be poge 3			CEASED NAME FIRST OR PRINT)	NEHE 1. RACE	NMI	R. Is. DATE C	INALDI IF BIRTH		MONTH DAY YEAR	7 11:18 M
age 4 r			Female		ite	Dec.	5 1904	82 yrs.	YRS	AYS HOURS MIN.
erol die	0/		RTHPLACE (STATE OR FOREIGN OUNTRY) Italy	76. CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIED	_ / / /	COUNTY OF DEATH	H MD.
ofter de	ST. ST.	10 CI	IN OR TOWN OF DEATH	11. NAME OF		ING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE INDUST	ND OF BUSINESS OR
MARYLAND 2120 ed within 24 hours imperely filled by			L RESIDENCE (IF NURSING HOME OR TATE 136, COUN	OTHER INSTITUTION	GIVERESIDENCE BEFO 13c. CITY OR TO Port De	WN	13d. INSIDE CITY LIMITS? YES NO XX		ZIP CODE	21904
AARYL, d withir	X CANA	14 FA	THER'S NAME FIRST John	MIDDLE	Novell	а	15. MOTHER'S MAIDEN N	MIDDLE	DeMi	chele
BALTIMORE, A cote be execute cote be execute copers. Poger	medical		AS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	216-10	CURITY NO.	17 INFORMANT Frank C. Ri	addres	Port Depo	
0	event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per D BY: E CAUSE (o)	The for (a), the	1 M	yound	al infa		PROXIMATE INTERVAL ZEEN ONSET AND DEATH
201 W. PRESTON ST. es that the death certif ned by the attending p please remove carbon virial, cremation, or rem	or other troumotic		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO: 0	ASA CONSE	JENCE O	ai ar	rest a	ul	
RECORDS, 21 low requires s been signe srmit. Then p	à //	CERTIFICATION	PART 2 OTHER SIGNIFICANT (NOT RELATED TO THE TE	RMINAL DISEASE OR COND	206 IF YES, WERE FIN	NDINGS USED
DIVISION OF VITAL RECORDS, TO PHYSICIAN: The low requirementing physicion. This certificate hos been significate build-tronsit permit. Then the Mental Hygiene prior to be	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A		DAY YEAR	21¢ HOW INJURY OCC	YES NO	YES T	NO []
PHYS PHYS this c	5/	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	vn COUNTY	Y STATE
ATTENDS uphal or CTOS: At for use of Neath	27 is mo		22a certify that (1) (this haspi sow the deceased alive an above, (1) (ye) (did) (did na	5 -	2 19	~ ~	d that in (my) (our) opinion	7, to 5 -	te and hour and from	the couses stated
TAL OE A y the ho RAL DIRE detaches	# /		22b. SIGNATURE	24	hu)	DEGREE ATTENDING PASSICIAN		F	ATE SIGNED
D HOSPITA Homed by O FUNERA hould be de-	APORTAN		22d. PHOTON SNAME (TYPE O	R PRINT	Yun	1	Hau	ede 9	Zree, V	nel
BP	- 1		URIAL, CREMATION, REMOVAL SPECIFY) Burial	May 6			emetery or cremator okview Cem.	Rising Su	n Cecil	Mary1and
DHMH - 16 60A (VRA 15, 4		Le Le	INERAL DIRECTOR	XP	Perryvil	le, Ma		AY 6 1987		NATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 I

retained by the haspital or ottending physician

IMPORTANT: If Item 21 is marked or them 18 shows ony injury, or other troumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and eshould be detached for use as the buriol-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

052680

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE

	- 1	.8		7	1
1		4	5	Ü	1
REC	S. NO.				

1		STATE REGISTRAR			DEPA	CERTIF	CATE OF DEATH	REG.	NO.	2 5	1	
ı		EASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH		YEAR	2h. HOUR	-
7	O.7	OR PRINT)	Mary		Α.	Roc	an		5 2 87	7	M	
1	3. SEX			RACE		5 DATE O	FBIRTH	6 AGE (IN YEARS LAST		ER LYEAR	# UNDER 24 HRS	
1		female	Very 1	Wh:	ite	Dec		81	YRS	DAYS	HOURS MIN	
		THPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUNT	TRY?	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH		
	Gr	az, Austr	ia	U.S./	۹.	WIDOWE		Harford	Co.		MD	
	10 CIT	Y OR TOWN OF DEA	TH 1				ROTHER INSTITUTION	120 USUAL OCCUP		KIND OF	BUSINESS OR	
		llston,Md		200 N	Mountai	n Rd.	21047	House Wi		ome		
of	USUA 130. ST V	L RESIDENCE (IF NURS	Harfo	THER INSTITUTION	13c CITY OR	IOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRES				
3			Harto	rd	Falls	ston	YES NO X		untain Rd	. 21	047	
1		HER'S NAME	м	DDLE	Greine	er	15. NOTHER'S MAIDEN N FIRST ANNA	WIDDLE	unknown	LAST		
7		AS DECEASED EVER		NED FORCES?	SOCIAL	SECURITY NO.	17 INFORMANT	ADI	PRESS 200 MOL	ıntai	n Rd.	
		s, no or unknown)	(IF YES, GIVE	YAR OR DATES!	212-7	4-5937	Mrs. Shirl	ev Angelini			21047	
	NO	Conditions, if ony, gove rise to imr couse (D), stofin underlying couse	mediate ng the lost.	(b)	R AS A CONSI	EQUENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVEN IN	PART 1(o	3	=
2	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WER IN CERTIFYING YES			
1		210. ACCIDENT WAS UNION OR CONTRIBUTING (FEITHER, NOTIFY MEDIC	CAUSE OF DEAT		OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF I	JURY IN ITEM 18, PART 1 O	R PART 2)		
	MEDICAL	21d. INJURY OCCUR	HILE C		OF INJURY REET, FACTORY, OF	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR	TOWN CO	OUNTY	STATE	
		22a.1 certify that (1) saw the decease above (1) (we) (1)		THE RESERVE OF THE PARTY.	- /	19 37 or	il 29, 19 8 nd that in (our) opinio	on death occurred on				
-		226. PHYSICIAN IN	The inne on	100)	-	_ p	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STATE OF THE		5-9	F-87	-
			ph Kl		M.D.		5901 Harfo	ord Rd.Balto	o. Md. 21	214		
Ī	23a B	URIAL CREMATION,		23b. DATE		23c. NAME OF C	EMETERY OR CREMATOR		COUN		STATE	=
	(5	Burial		May 5	1987	Highvie	ew Mem. Gar.	Fallst			Md.	

DHMH - 16 25M

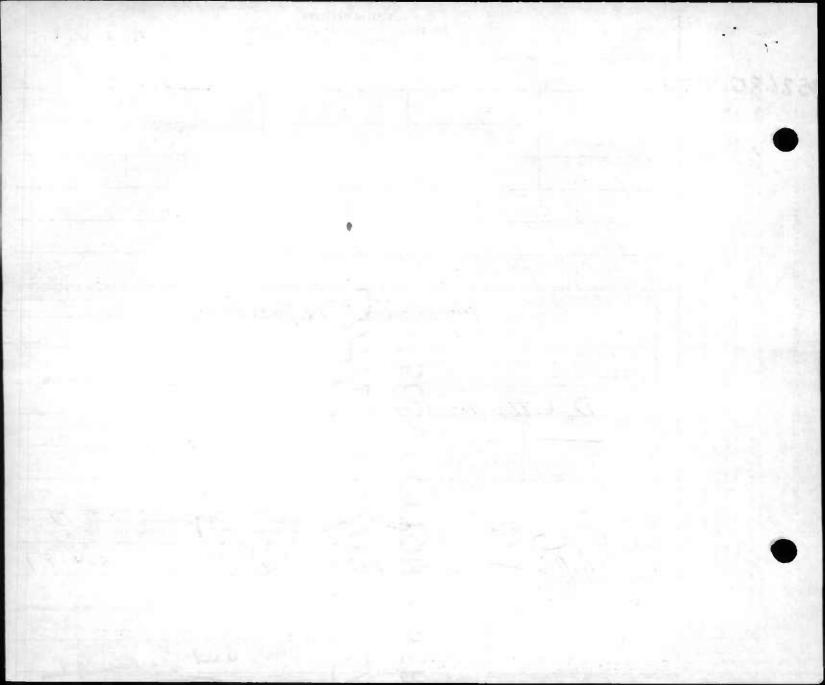
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(VR A 15 (4)) 9/74

²⁴ FUNERAL DIRECTOR
E.F.Lassahn,11750BelairRd.Kingsville,Md.21087

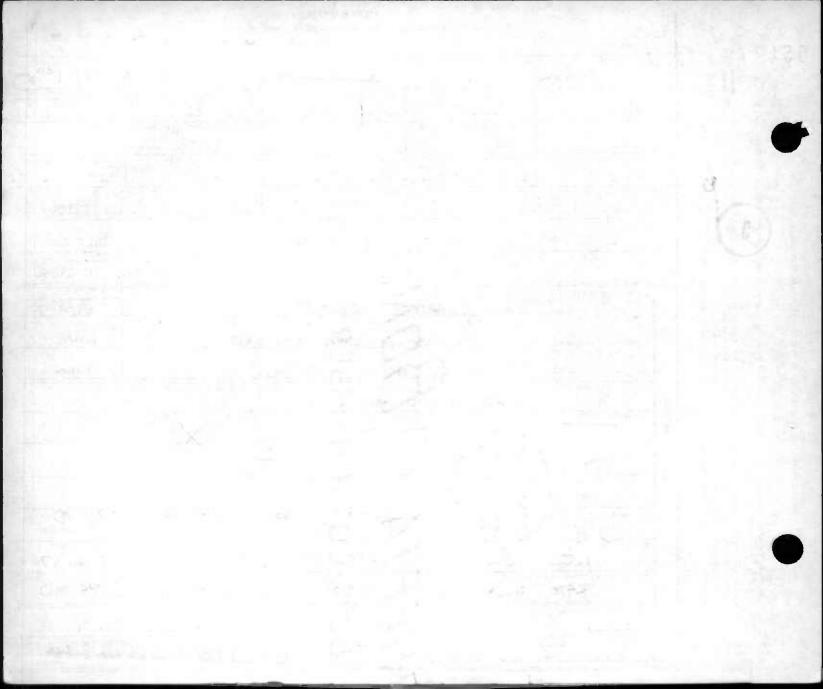
25-11 ALAREC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Sindra Po de



7 7 0 445	1.	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG NO	5 3 2	
ay be death death	TYPI	GEASED NAME FIRST PRANT		MIDDLE D.		ROSENBLIT	20. DATE OF DEATH MONTH D	25 HOUR 25 M	
4 may crtor, paç offer de	3. SE	MALE	4 RACE CAUC	CASIAN	5. DATE O	F BIRTH YEAR YEAR		FUNDER I YEAR HUNDER 74 HKS	
the second during the second d		RTHPLACE (STATE OR FOREIGN COUNTRY) POLAND	USA	WHAT COUNTRY?	WIDOWED DIVORCED		HARFORD CO.	OF DEATH MD.	
	ED	TY OR TOWN OF DEATH GEWOOD	1503 H	ARFORD SQ	G HOME O	F CT.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE AGENT	126. KIND OF BUSINESS OR INDUSTRY LIFE INS. CO	
135	13a. 3	ARYLAND H	ARFORD	13c CITY OR TOWN EDGEWOOD	ADMISSION)		1503 HARFORD SQ.	CT DR #21040	
3)	THER'S NAME FIRST FIVIS		SENBLIT		IS MOTHER'S MAIDEN NAM	WIDDLE	UNKNOWN	
be essed on and - Pages - medica	NO	VAS DECEASED EVER IN U.S res. no or unknown)	ARMED FORCES? GIVE WAR OR DATES)	215-10-9					
g physics on poper entered.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	i only one couse per USED BY: DIATE CAUSE (a)	carbine for (a), (b), and	ten f	KREST		BETWEEN ONSET AND DEATH	
y the attending remaye carb cremation, or then traumation, or then the traumation.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	HEART FAIL	URE	Years	
equires that is signed by Then pleat to buriol, injury, or c	NOI	PART 2 OTHER SIGNIFICAT	10,	ONTRIBUTING TO D			MAL DISEASE OR CONDITION GIVE		
The low ricion. in permit, it permit, giene prio	CERTIFICATION	190 DATE OF OPERATION		IT ION FOR WHICH (N WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?	
SICIAN: ng physic certificat iriol-frons entol Hyg	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING. CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH DA	Y YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT T OR PART 2)	
ING PHY After this os the bu Ith and M arked og	MED	WHILE AT WORK AT WORK		OF INJURY REET FACTORY, OFFICE FA		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ATTEND ospital o eCTOR: 4 d far use t. of Heol		220.1 certify that (1) (this has saw the deceased alive above (1) (we) (did) (did			£7, on		, to <u>MAY</u> 20 1 leath occurred on the date and hour		
ITAL OR By the ho RAL DIRE detache State Dep		226. SIGNATURE	Tilly		M		MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 5-20-57	
TO HOSPITA retoined by TO FUNERA should be de with the Stati		KATE	Truly	MD.			CENTRE DR.	JOPPA, MD	
BP	(URIAL, CREMATION, REMOVE BURIAL STREET	MAY 2	1,1987 BI	eth ei	MEM. PARK		BALTO. MD	
DHMH - 16 50M 1/81 (VRA 15, 4)		010 REISTERSTO	WN RD. I	ON & BROS. BALTO., MI) INC		REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE	

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	-	
	PEG.	NO

0	30
quires that the death certificate be executed at this 2.1 faurs after death. Page 4 may be	signed by the attending physicion and completely titles at the familial director, page 3 hen please remove carbon papers. Pages Janes About be titled with a 71 hours after death o burial, cremation, ar removal.
uires that the death certificate be	signed by the attending physicion hen please remave carbon papers. F o burial, cremation, ar removal.

the buriof-transit permit. should be detached for use as FUNERAL DIRECTOR IMPORTANT: If Hem 21 is

marked or Item 18 sh

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive on above, (1) (we) (did) (did not) view the bady after death

FOR

REGISTRAR

- STATE

lachsman 23c. NAME OF CEMETERY OR CREMATORY 23b DATE

19

211 LOCATION

22e ADDRESS

DEGREE

STREET

ATTENDING PHYSICIAN

23d LOCATION CITY OF TOWN

MEDICAL

P.M.

21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE FARM ETC)

CITY OR TOWN

STAFF DIRECTOR PHYSICIAN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

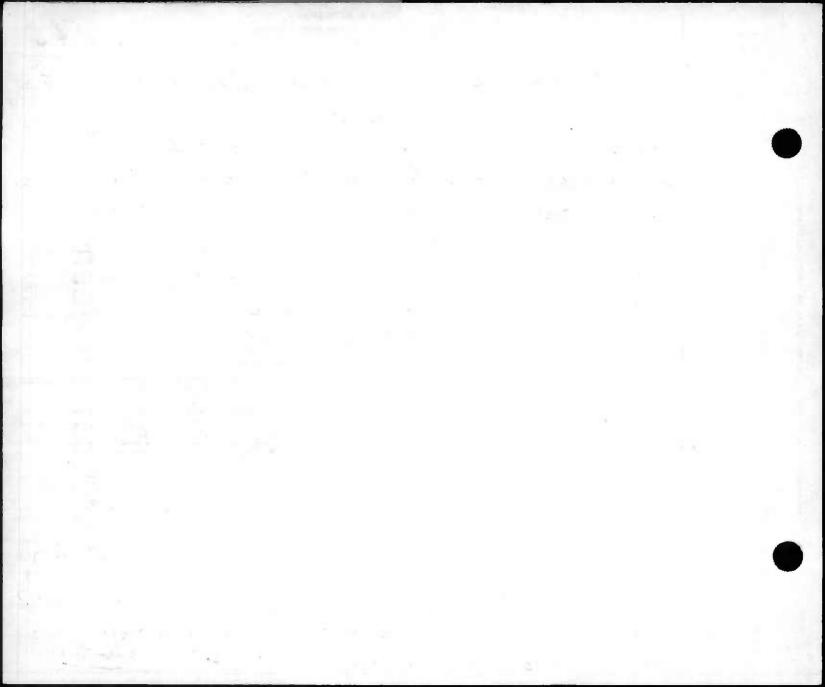
COUNTY

STATE

STATE

Buria. DHMH - 16 60M 7/B4 (VRA 15, 4)

	2 -1 -1					NEO. I	0		-
	CEASED NAME	FIRST &	MIDDLE	L	AST O	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
[TYP	E OR PRINT)	liam.	Earl		Sharon	May 1	6.19	87	117
. SE	X	4 RACE		S. DATE C		A. AGE IN YES LAST BE		FUNDER TYEAR	IF UNDER 24 HF
/	Male	Whit	е	Feb.		78	YRS	MONTHS DATS	HOURS MI
	IRTHPLACE (STATE OR FOR	REIGN # 76 CITIZEN OF	WHAT COUNTRY?	8	XX NEVER MARRIED	9 BALTIMORE CLTY	R COUNTY	OF DEATH	
	Penna.	USA		WIDOWE		Harton	2		
	Wre de or		HOSPITAL, NURSIN		HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TruckDri	OF WORKING LIF	E) INDUSTRY	ins, In
	AL RESIDENCE (IF NURSING	G HOME OR OTHER INSTITUTION 36 COUNTY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
Mo	i.	Cecil	Perrvv	ille	YES X NO	BroadSt.			21903
) F.	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
	John	Τ.	Sharon		Ida	Mae	Si	ngleto	
	No	(# YES, GIVE WAR OR DATES)		-7764	A Mary N.	Sharon, Per		APPROX	1.2190
	Conditions, if any, gove rise to imme couse (a), stating underlying couse	which diate	R AS A CONSEQUE	eli	me mod	haf Iln	9 (74	7
NO	PART 2 OTHER SIGNII	FICANT CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	ainal disease or con	DITIONGIV	EN IN PART I	o
CERTIFICATION	19a DATE OF OPERATE	ON 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES	NGS USED OF DEATH?
CER	218. ACCIDENT WAS UNDER		FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	



should be detached for use as the buriol-transit permit. Then with the State Dept of Health and Mental Hygiene prior to by IMPORTANT, If them 21 is mark and the mean as a migray

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3		1	

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4	3	S	-
	-	-	

: 9	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST		MIODLE	l	AST	20 DATE OF DEATH	MONTH	OAY YEAR 21	HOUR
(TYP)	EDITH		C.	S	MITH		5	12 87	9P M
3 SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST B	RTHOAY)		UNDER 24 HRS
	Female	White		9 MONTH	24 1895	92 91	YRS		MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY			
]	New York	USA		WIDOWE		Harford	Cou	nty	MD.
	or town of death	(IF NOT IN SU	H FACILITY, GIVE STREET AO	ORESS)	Street, Md.	12a USUAL OCCUPATION OF THE OF WORK FOR MOST HOUSEW.	OF WORKING		emaker
Má	3	ROTHER INSTITUTION INTY	GIVE RESIDENCE BEFORE AG	OMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 10 Cherry		/UL	eet, Md L154
P F	ATHER'S NAME FIRST George	MIDDLE C.	Chase		IS MOTHER'S MAIDEN NA Carrie	WIDDLE		Ford	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURI		17 INFORMANT	ADDR	ESS	Street	Md.
	TES, NO OR ONKNOWN)	INE MAR ON DATES!	119-36-8	805	Gilford H.	Smith 10 Ch	erry	Hill Rd.	21154
N	couse (0), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUEN		NOT RELATED TO THE TERM	MINAL DISEASE OR COM	DITION (GIVEN IN PART 110	
CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CER	YES, WERE FINDINGS TIFYING CAUSES OF YES	S USED DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	ATH HOUR A.	PFINJURY M. MONTH DAY M.	YEAR 19	21c HOW INJURY OCCUR				
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARA	M, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	220 I certify that (1) this has sow the deceased alive a above, (1) (we) (did) (did n 22b & GNATURE	MAP	1 10 3	/	nd that in (my) (our) apinion	death occurred on the c	lote and/h		
	PHYSICIAN'S NAME (TYPE	Cutales	nols 1	ari	ATTENDING	MEDICAL STA	FF CIAN [17 DATE SIC	187
	Dr. Nowakowski		900)		125 N. Main	Street Bel	air,	Maryland	21014
	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	236. DATE			EMETERY OR CREMATORY ew Mem. Park	23d LOCATION CITY OF TOWN	Balti	more, Mary	yland

DHMH - 16 60M 7/84 (VRA 15, 4)

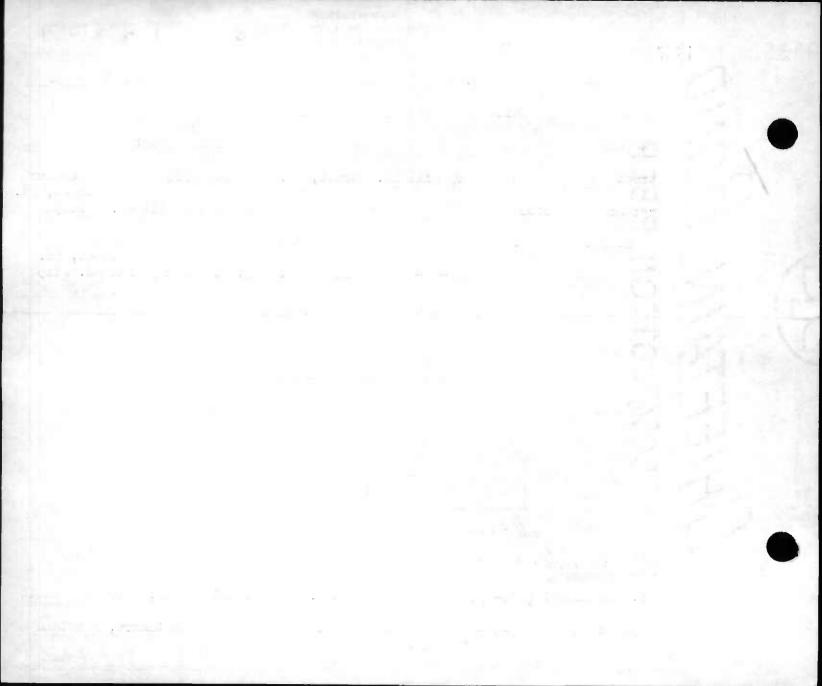
BP.

TO FUNERAL DIRECTOR. After this

24 FUNERAL DIRECTOR

11750 BelAIR Rd. KINGCVILLE, Md. 21089

250 PARRES D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE in REGISTRAN S ST. Randolle.



e Q

deoth certificate

PHYSICIAN: The low

TO HOSPITAL OR ATTENDING retained by the hospital or

BP

STATE OF MARYLAND

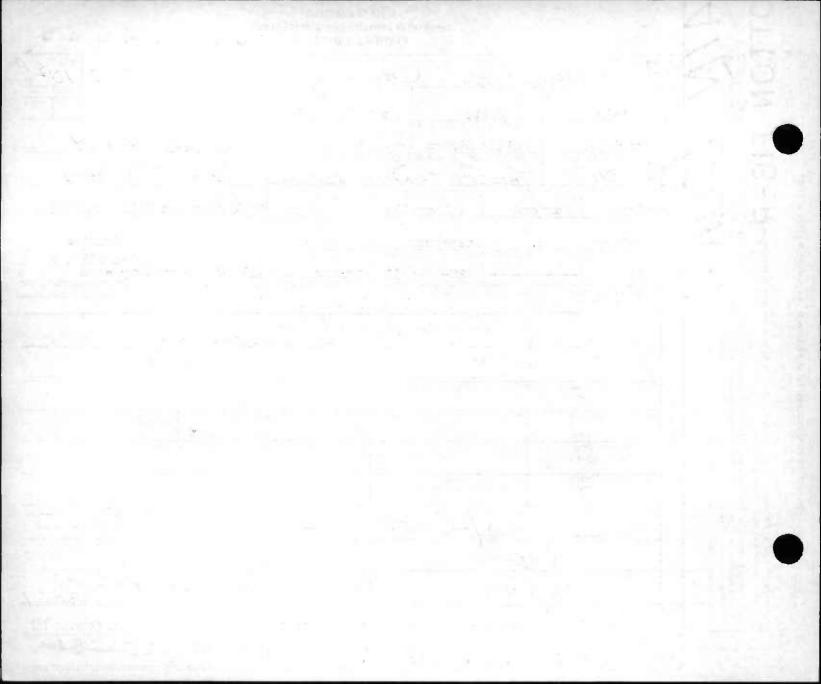
REG. NO.	4	5	3	C
TE OF DEATH MONTH	DAY	YEAR	2h H/	SILIE

1	1-	STATE REGISTRAR			DEFARIT	CERTIF	ICATE OF DEATH	8 7 REG. NO	5.	15	3 5
JUL		DEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY		HOUR
	-	Wi	lliam	<u> </u>	V.	STAN	sbury		5 25		10=
	3. SEX			4 RACE		5. DATE C	OF BIRTH YEAR	6 AGE IN YEARS LAST BIR			FUNDER 24 H
	4	Male		Whi		Jun		66	YRS.		
See.		RTHPLACE (STATE OR OUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	F DEATH	,
Con		Maryland			l States	WIDOWE		HARFOR	D CO	WITT	
B 4	-	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN TH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATI		176. KIND OF E	
000	1000	ALLSTON		TALLS	STON GE	130	ALHOSPITAL	Farmer		Dair	У
30 6	13a. S	L RESIDENCE (IF NUR! TATE	13b. COUN	TY	13c. CITY OR TOW	/N	136 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		1
13/		ryland	Hari	ord	Pylesv	ille	YES NO	4711 Clermo	ont Mil	1 Road/	2113
35	14. FA	THER'S NAME	_	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE		1.AST	
AL)		Walter			Stansbur	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	Mary	ADDRE	C.C.	Jenkin	
dice		AS DECEASED EVER		E WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT		PVI	esville	e, MD
9		No			220-34-	0311	Frances Sture	3111 940 5	tansbur		
÷.		PART I. DEATH V	H (Enter on	y one couse per	line for 19, 181, on	diff		1 - 1		BETWEEN ON	SET AND DE
9 4				E CAUSE (o)	- lluc	lu pu	im mary	YTCH			
ofic				DUE TO O	R AS A CONSEOU	ENCE OF	11110		1		
E		Conditions, if ony	which	(16)	/	11/6	pulpile (a	14 ememos	- 0/		
1		gove rise to im-	mediote) "					10	70	
othe		couse (o), stotil		DUE TO, O	R AS A CONSEOU	ENCE OF		0	ucy		
0		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I.o.	
njury	NO							a the older of contract			
Aug /	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDING	
EX.	TIFIC							YES NOT	YES [NG CAUSES OF	F DEATH?
SS	CER	210. ACCIDENT WAS UN	DERLYING	21b. TIME C			21c. HOW INJURY OCCURE		RY IN ITEM 18 PART		
81	AL	OR CONTRIBUTING		In	M. MONTH D.	AY YEAR					
or the	MEDICAL	216 INJURY OCCUR		21e PLACE	OF INJURY	1111	211 LOCATION				
ked	ME	WHILE NOT W		AT HOME, ST	REET, FACTORY, OFFICE, I	FARM, ETC)	STREET	CITY OR TO	NN /	COUNTY	STAT
E OE		220 I certify that (I)		(a) attended th	e deceased from		19	10)	175 19	27 the	ot (I) (wel
5.		sow the deceos	ed olive on	1	125/19	87,0	nd that in (my) (aux) opinion o	7	ote and hour o		
ea 5		obove, (I) (wa) (22b. SIGNATURE	did) (did not آه) view the body	after death.	0 /	DEGREE	,		1220 DATE SK	GNED
# #			1/2	- an	' /			MEDICAL STAI	f		57.20
Z /		226. PHYSICIAN'S N	AME LIVE O	R PRINT)			1			1	41.3
MPORTANI			My	THAM			9101 PRANK	LIN 50. I	1R., B	ALTO, 1	n1)
MPORT			1 (0	Ton sure	Tea.	11.112.00			/	- 6	7/23
- 1		URIAL, CREMATION,		5/28			ross Cemetery	236 LOCATION CITY OR TOWN	C	Harford	STAT
-	04 5	Buria	<u> </u>	1 3/20	/0/ h			Street			
	24 FL	INERAL DIRECTOR				Doll -	DA 250 DAJ	E REC'D. BY REGISTRAR	Z36, REGISTRA	ES SIGNALA	E

DHMH - 16 60M 7/84 (VRA 15, 4)

Harkins Funeral Home, Inc. 600 Main St.

1987 Julia Dender Render



DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be exercised within 24 juints after death. Page 4 may be retained by the haspital or offending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion on committee that the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Page 1 send 2 the file of the first thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.
DIVISION OF VITAL RECOR	TO HOSPITAL OR ATTENDING PHYSICIAN. The law recreasined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicia should be detached for use as the burial-transit permit. Then please remove carbompopers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	ASED NAME	FIRST	,	MIDDLE	l	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR
TITREO	R PRINT)	Helen		N.		Teckelt		5	15 87	6:31
3. SEX		4	RACE		S. DATE C		6 AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER I YEAR	
Fe	emale		Wh	ite	Aui	gust ⁸ 8, 1903	83	YR	MONINS DATS	HOURS
	THPLACE (STATE C	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE		NTY OF DEATH	
W	. Va.		U.S.A.		WIDOWE	DI NEVER MARRIED DI	Harfor	d Co.		
10 CITY	OR TOWN OF D	EATH 11			G HOME C	OR OTHER INSTITUTION	12a USUAL OC	CUPATION	126 KIND	OF BUSINESS
Section 1	dgewood		1812	John Dr.		21040	Potter	R MOST OF WORKIN	Cari	China
13e ST.	RESIDENCE (IF NO ATE	136 COUNTY Harford		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Edgewood	N	13d INSIDE CITY LIMITS?	13 STREET AD	on Dr.	ODE 21040	
	Robert	B. MID	DLE	Reed		Ida Ida	Bellê	NIDDLE	Albrig	iht
	AS DECEASED EVE	R IN U.S. ARME		236-03-1		Mrs. Deborah	n Kuemmel	, Balti	Dakin Ct	21234
1				line for (a), (b), and	d (c)				APPRO:	CIMATE INTERVA
	PART I. DEATH	WAS CAUSED E		Caroly	ac /	arline			M	vo
NO.	PART 2 OTHER SIG	COP	10	STATE OF	54	NOT RELATED TO THE TER/	200 AUTOPS	20b. IF IN CE	YES, WERE FINDI	NGS USED S OF DEATH
	OR CONTRIBUTING	CAUSE OF DEATH		M. MONTH DA		21¢ HOW INJURY OCCUP		OF INJURY IN ITEM	YES []	NO []
W.	LIFEITHER NOTIFY ME	RRED	21e PLACE (19 ARM ETC)	211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STAT
				30 19	6.1	d that in (my) (our) opinian		n the date and		that (I) (we)
1	28 SIGNAYURE	10				DEGREE	MEDICAL	STAFF	22c DATE	SIGNED
	My	11 m	n 1	ns.		PHYSICIAN			5//	5/87
7	Dr. Ba	687	-1100)			1390 Martin	Blvd.	Martin	Plaza 21	220
	RIAL, CREMATION		236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATIO		COUNTY	5747
	Burial	1	5-18-19	987 Be	lair	Memorial Gard	dens Bel	air Ha	arford	Md.
	NERAL DIRECTOR			ADDRESS		250 DA	TE REC'D BY REG	ISTRAR 256. REC	SISTRAR'S SIGNA	JURE?
E.	F.Lassah	n,11750	Belair	Rd.Kingsv	ille,	Md.21087 WAY	19 1301	State of		



2111-1	It	ems, 5, & 22a., G-6	28, by Med	STAT	E OF MARYLAND	,		
034456	1	FOR Gbj. STATE REGISTRAR	DEF		ICATE OF DEATH	REG. NO.	145	3 /
oy be	(TYP)	CEASED NAME FIRST ROLE		Tu	My Sr.	20 DATE OF DEATH MON	5- 9-1-811	26 HOUR 2 1
rector, p	3. SE	M	4. RACE	5 -	12 - 1952	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.
D b b b	C	RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	MARRIE WIDOW		BALTIMORE CITY OR CO	ford Co.	
200		Fallston	11. NAME OF HOSPITAL, N HENOT IN SUCH FACILITY, GIVE	n Ger	. 1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY	AURANT
AND 21	13a. S		TY 13c CITY OF		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF		909 7900
MARYL Completely Compl	V	THER'S NAME FIRST JOHN	F. TOLLY			IVE A. C.	LAUS	1
be sweet	16a V	VAS DECEASED EVER IN U.S. AR YES, NO DRUNKNOWN}	F WAR OR DATES)	18-3109	Mrs. Physlis J.	July - 202		
ST., BAL artificate physics on paper amoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (a), D BY TE CAUSE (o)	Julla	-7 Collap	ie_	AIXORPIA O M33WT38	MATE INTERVAL DNSET AND DEATH
death control of the	/	9289 Canditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	Corebral	Federa		
1 W. PR that the by the case remi		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	-	ntra cerebr	I Haera	Loren	
RDS, 20 equires ' equires ' Then ple r to burn injury, a	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110	
AL RECO	CERTIFICATION	05/19/87	Intrace	es al	thery tomen		b. IF YES, WERE FINDING CAUSES (YES	
J OF VITA SICIAN: T ig physical riol-transi ental Hygi		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR		RED (ENTER NATURE OF INJURY IN I	TEM 18 PART T OR PART 2}	
DIVISION ING PHYSI To alter this ce os the buri of the dof Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTA	STATE
ATTENDING OF CTOR: A for use of f		220.1 certify that (1) (this haspi saw the deceased alive an	5/21		5/19 , 19 & 7 nd that in (my) (a) opinian	death occurred on the date o		that (I) (we) lost causes stated
AL OR the horter of the horter		The Signatural Dergh	Statta	-D	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	SIGNED
HOSPII Brined b FUNEF PORTAN		J. Dougle	Abbott	Land	Se, 406 17	16 Harfand	Pol Fall	Sorrel
PP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	5-23-87		METERY OF FAITH	23d LOCATION BALTO	COUNTA	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 10	NAME TO W 10	n-7527 W	RESS hal		AY 2 1 1987	REGISTRAR'S SIGNATU	

100 SE-1 3- 14 A 3 Q restrained Text of the control of the control of the control of The public terms to a first to the public of the same

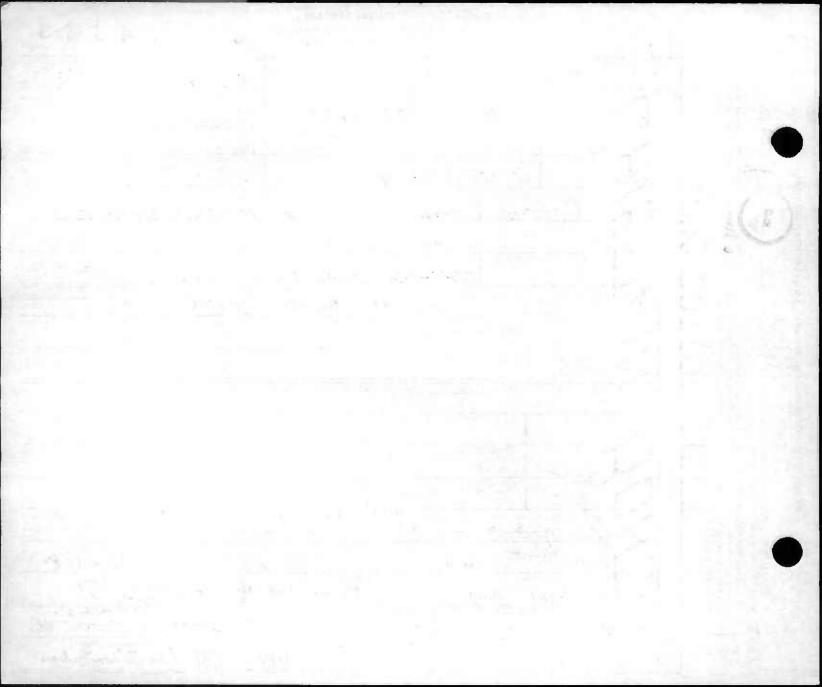
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	- STATE - REGISTRAR CER						TIFICATE OF DEATH 8 7 REG. NO. 1 4 5 3 8					
		OR PRINT)	ILDA		HELEN		TURNER	May 6		DAY YEAR	3:05a	A
	3 SEX	Κ		4. RACE		S. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	100
	1	Female		Black			30, 1914	72	YRS	MONTHS DATS	HOURS MIN.	
		RTHPLACE (STATE ORE	EOREIGN	Th CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH		
1		laryland		U.S.A.	Ebu	WIDOWE	DIVORCED	Harford			MD).
-	Joppa 401 Pu			laski H	lighway	OR OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK EOR M Housewif	OST OF WORKING		OF BUSINESS OR		
100	USUA 130 S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDR	ESS / ZIP COE)F		
1	i	Joppa		ford	Jopa	79000	YES NO T	401 Pula			1085	
7	14. FA	THER'S NAME FIRST Alexander	٨	NIDOLE	Blak		15. MOTHER'S MAIDEN N EIRST Unknown	MIDE		LAS	.1	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO	17 INFORMANT	A	DDRESS	Dulook	i Uichir	-
		Vo	(11 165, 0146	WAR OR DATES!	212-12	2-9560	Stanley Tur	ner Jopp	a, Md.	21085	i Highwa	3 y
	ATION	Conditions, if ony, gove rise to improve (o), stotin underlying couse PART 2 OTHER SIGN	which mediate ig the lost.	DUE TO, O	R AS A CONS	EOUENCE OF	ASCUT) NOT RELATED TO THE TER	RMINAL DISEASE OR (IVEN IN PART 1 (
	RTIFIC	190. DATE OF OPERATION 190. CONDI				YES NO YES O			IFYING CAUSES			
	MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION CONTRIBUTIO	CAUSE OF DEA		M. MONTH	DAY YEAR	21c HOW INJURY OCCU	JRRED (FONTER NATURE O	FINJURY IN ITEM 18	PART (OR PART 2)		
	MED	21d. INJURY OCCURI	HILE D		OF INJURY REET, FACTORY, OE	EKCE, FARM-ETC 1	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE	
		220.1 certify that (1) sow the deceose obove, (1) (we) (c				0.00	- 30 , 19 & nd that in (my) (9#1) apinio	n death occurred on t	he date and ha	or and from the		
		226. SIGNATURE	zi la	ho	M.7		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	6. M.	AY 84	
		RAFIR	PATE	2 M	.)		PUMSKI MUN	d Bdy. 20	13. Pula	ofree		
	23a B	urial, cremation, specky) Cremation	REMOVAL	May 6.	1987	McNabb	EMETERY OR CREMATORY Crematory	Catonsv	ille H	<i>un ≥oo</i> Baltimor	e Md.	
	24 FL	JNERAL DIRECTOR			-,,,,	333 5	Parke St 250. D.	ATE REC'D. BY REGIST	RAR 25 REGIS	TRAP'S SIGNAT	URE	-
	Ta	arring Fund	eral H	Home, P.	A. Abe	erdeen,	Md. 21001 M	AY 1 1 1987	Julia	Dividen-	andres.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

WEGREANT If them 21 is marked or them 18 shows any injury, or ather traumatic event, the



STATE OF MARYLAND

8	REG. NO	1	4	5	3	9
1000	REG. NO				100	

54900 Ju	1	FOR STATE REGISTRAR	1		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 / REG. NO	14539
oy be age 3 death		CEASED NAME FIRST John	H. MIDDLE	Vese	LAST		AONTH DAY YEAR 26 HOUR A
Page 4 mo director, pc	3. SE	x Male	4 RACE White	5. DATE	OF BIRTH DAY PEAR 1900	6. AGE (IN YEARS LAST BIRT)	MONTHS DAYS HOURS MIN.
arth. Pag	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
the fune d within)0 C	Rhode Island	United State 11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C	, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
	13a	Fallston AL RESIDENCE (IF NURSING HOME OR STATE [13b COUN		CEN CG.	113d. INSIDE CITY LIMITS?	Seaman	
	_	ATHER'S NAME	rford St	reet	YES NO X	3574 Mill (Green Road/21154
or o	1/	Michael WAS DECEASED EVER IN U.S. AR	. ve:	SEY IAL SECURITY NO.	Margaret	ADDRES	
be exec		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-05-1368			Mill Green Road
physici n paper an paper emaval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ally one cause per line of a D BY: TE CAUSE (a)	PRIDIA	C APRE	17	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce attending nave carbo ation, ar ri		Canditians, if any, which	DUE TO, OF A PC	299106	SENIC S	HUCK	
by the asserer of the atternation		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS THE	RWHE		IFECTION.	/
quires signed Then pli ta buri	NO	PART 2 OTHER SIGNIFICANT	ON TONS CONTRIBUT	ING TO DEATH BU	TNOT RELATED TO THE TERM		
has been permit. I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO N
SKCIAN: The long physicion. certificate has arial-transit per ental Hygiene. Item 18 strovs		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	NTH DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	
d A M	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE ONT WHILE AT WORK	P.M. 21e PLACE OF INJUR' LAT HOME STREET, FACTOR		211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
ENDING P all ar offer DR: Affer th r use as the Health and is marked		220.1 certify that (1) (this haspi saw the deceased alive an	\ /-/.(19 6	2. to 1/2	19 17, that (I) (we) last
OR ATT The haspit DIRECTO Coched for Dept. of If them 21		abave, (l) (we) (did) (did no	t) view the bady after deat	h. 1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
by the		220 PHYSICIAN'S NAME (TYPE O	DR PRINT)	omis		DIRECTOR PHYSICI	
TO HOSP retained TO FUNI Should b with the IMPORTA	23a	BURIAL, CREMATION, REMOVAL	1. MONA	1236 NAME OF	CEMETERY OR CREMATORY	2 (7) ACI	md 21078
BP		Burial	5/27/87		Ridge Cemeter	CITY OF TOWN	OM TWO YORK PA

Harkins Funeral Home, Inc. 600 Main St. Delta

DHMH - 16 60M 7/B4 (VRA 15, 4)

PAREMENT OF THE CHANGE OF THE COME

STATE OF MARYLAND

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Property of the Control of the Control

			STAT	OF MARYLAND			
1	FOR - STATE	DE		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 7 I	454	
G JUN -4	REGISTRAR	WIDDLE	CERTII	CAIL OF DEATH	REG. NO.	DAY YEAR 2h	
	ECEASED NAME FIRST	MIDDLE		116. 100	DATE OF DEATH MONTH		HOUR 141
	FRANK	14	U	unlerer	(3)	30 87	UNDER 24 ARS
3 S	EX	4 RACE	5 DATE C	OF BIRTH YEAR	& AGE (IN YEARS LAST BIRTHDAY)		OURS MIN.
	111916	white	10	ZO 06	80 YR		
10	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	JNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	-	
1	INARYLAND	U.S.H.	WIDOWE		HARFOT		MD.
	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV		ROTHER INSTITUTION	120 USUAL OCCUPATION (Tung on work for MOST OF WORKIN	G LIFE) UNDUSTRY	USINESS OR
0	Alston, MD	FAllston	Gener	ul Hospita	100L MAKET	SAIHC	RICAINE
130	STATE OF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE UNTY 134. CITY O	OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DDE /	7000
(1)		ork De	elta	YES NO T	R.D.1 17314		14
7/2/14	ATHER'S NAME	WIDDIE L	AST	15 MOTHER'S MAIDEN NAM	MIDDLE	LAST	
OV	Valle	Wheeler		Hele		smore	
160	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDRESS		
/_	No	218-0	15-5421	Florence E.	Wheeler, R.D.1		
1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a),	, (b), and (c)		A	APPROXIMAT BETWEEN ONSE	
13		ATE CAUSE (o)	PULMOI	vary edem	Ø\$,	1/2	. IAUs .
		DUE TO, OR AS A COM	NSEQUENCE OF	10750	324321A Y		
1	Conditions, if any, which	(6)	CORAN	TARY ARIEK	1 51261126		
	gove rise to immediate couse to, stating the	DUE TO, OR AS A COM	NSEQUENCE OF				
1 2	underlying cause last	(c)					
z	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1 0	
NOI	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ALWAS DEDECORATE	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS	LICED
CERTIFICAT	190 DATE OF GREATION	THE CONDITION TOR	WINCH OFERANO	WAS PERI ORMED	IN CER	RTIFYING CAUSES OF	DEATH?
GR C	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO P		40 <u> </u>
13	OR CONTRIBUTING CAUSE OF	HOUR A.M. MONT			(tries and or made in the	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
ME	WHILE IT NOT WHILE IT	(AT HOME STREET FACTORY.	OFFICE, FARM, ETC }	STREET /2 /S 7	CITY OR TOWN	1c 7	STATE
	AT WORK - AT WORK	pital) attended the deceased	124	13 11393	1.4 PM 5/30	10 1	t (h (we) lost
	sow the deceased alive	5/30	1987	d that in (my) (our) opinion d	leath occurred on the date and		
	obove, (I) (we) (did) (did-	view the bady after death		DEGREE		224 DATE SIG	
1	M.	A. There		A ATTENDING	MEDICAL STAFF	/	30/87
_	224 PHYSICIAN'S NAME (TYP	(2000)	~,	- IIIISICIMIA L	DIRECTOR PHYSICIAN		
/		. THOMAS			TON GENERA		
1-					AVENUE. FA	OH MULT	2/04/
230	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
24	Burial FUNERAL DIRECTOR	6-2-87	Sla	te Ridge	Delta Yo	rk Penn	Buch
84	NAME	COO M-4- CL-	DORESS D. J.	1 00	M.S. of 1981 ANDERED	IZWAK S STEINANURE	
J	ohn H. Harkins	, out Main Str	eet, ner	ld, FA			

BEGGSTON SINC STANS . I

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	4	5	4	2
REG. NO	1			

9	REGISTRAR	CENTII	ICAIL OF PLATE	REG. NO		/	
1	I. DECEASED NAME FIRST	MIDDLE L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 110	I.JUR
ı	(TYPE OR PRINT) Alfreda	Whither	naton		5 21	87	220
ı	1717 244						AM
ı	3 SEX 4.	. RACE 5. DATE C	or pariti	S. AGE (IN YEARS LAST BIRT			UNDER 24 HRS
	F	B MONTH	DAY YEAR	42	YRS	DAYS H	IOURS MIN.
,	70. BIRTHPLACE (STATE OR FOREIGN 71	b. CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OF	COUNTY OF DEA	ATH	
	COUNTRY D	USA MARRIEI	D NEVER MARRIED	Hargor	L Co.		MD.
Н	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME O		120 USUAL OCCUPATION		(IND OF B	USINESS OR
	Follston	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDU	JSTRY	
Ħ	USUAL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)					
3	130 STATE 13h, COUNT		13d. INSIDE CITY LIMITS?	13 .STREET ADDRESS	ZIP CODE	210	0 %
ì		6049 10110		402 Pulas	ACC HWY	210	3.7
d	FATHER'S NAME	IDDM: LAST	15 MOTHER'S MAIDEN NAM	E MIDDLE		LAST	
(1	Alcred	Whittington	Charlotte	WIDDLE	20	المعالمة	~
3	160 WAS DECEASED EVER IN U.S. ARM		17 INFORMANT	ADDRE			
1		WAR OR DATES)				,	
1	GN	215-42-2431	Charlotte Co	mb10 111	1 mender	0009	Cto
ı	18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).)			B.F.	APPROXIMAL TWEEN ONS	TE INTERVAL
ı	PART I. DEATH WAS CAUSED	BY:	0	- 1			
1	IMMEDIATE	CAUSE (a) (DIT DAD MA	empmen :	our col-			
1		DUE TO, OR AS A CONSEQUENCE OF	(/				
ł	Conditions, if ony, which	()b)					
	gave rise to immediate	(8)					-
1	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			0.00		
1	briderrying coose lost.	(c)					
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONT	DITION GIVEN IN P.	ART Ira	
	Z						
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	THE CONDITION FOR WALLOU OPERATIO	NIAMAS DEDECTATED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED			CLICED
Н	MO DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED	AUSES OF			
1	12			YES NO	YES 🗌	1	NO 🗌
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR P	ART 2)	
	De consequence District Descent	HOUR A.M. MONTH DAY YEAR					
	S (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19					
١	OK CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	vn cou	NTY	STATE
1	WHILE ON NOT WHILE O	(A) NOME SINCE!, PACION!, OFFICE, PARM, ETC.)					
		ol) attended the deceased from	. 19	to	. 19	tha	it (l) (we) lost
	saw the deceased alive an_		nd that in (my) (aur) apinion de				
	above, (1) (we) (did) (did nat)	view the bady after death		com occorred on the do			
	22b. SIGNATURE		DEGREE		220	DATE SK	SNED
	1		ATTENDING PHYSICIANI TO	MEDICAL STAF		5/5	1/00
H	27d PHYSICIAN'S NAME (TYPE OR	ROINITA	22e ADDRESS	DIRECTOR FINTSIC	N. D.	101	fl
		NCHA AD	5122 W. Pe	ufield	R. Colu	unhi	NO DI
	110-1-1-1	IC IN FID	2155 0.16	Tricia	21	047	
1	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF C	EMETERY OR CREMATORY	234 LOCATION			
	(SPECIEV)			CITY OR TOWN	COUNT		STATE
	Burian	5/26/87 Tabers	racle Cem.	Eallsto	20	1	wo

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carban papers: with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

injury, or ather traumatic event, th

MAPORTANT: If them 21 is marked outem 18 shows any

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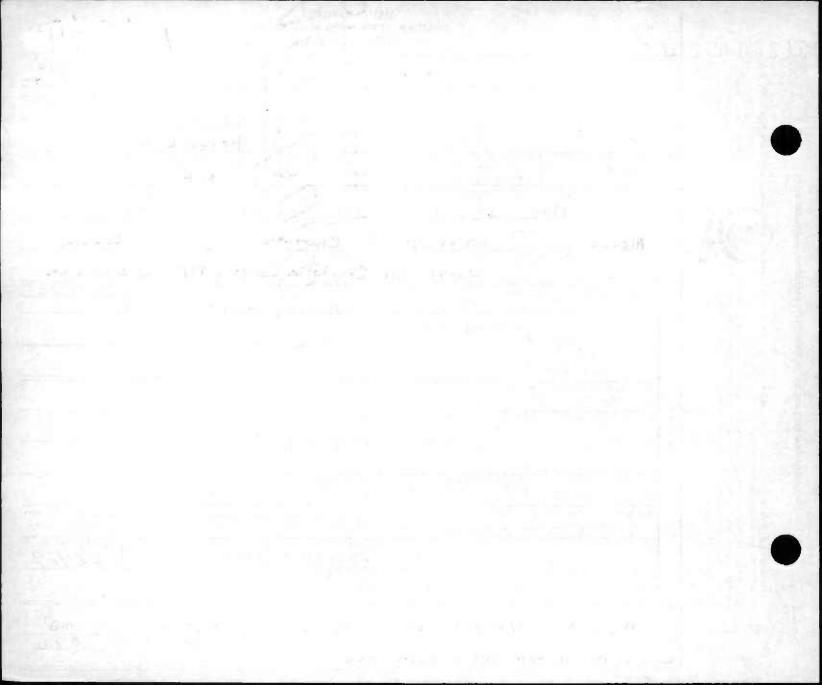
after death. Page 4 may be

Burial 5/26/87 labernach

Honeral Director

Wm. C. March C/H 1101 E. North Ave.

MAY 22 1981 Julia Derder Lander



STATE OF MARYLAND	ST	ATE	OF	MAI	RYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

REG. NO.	1	4	5	4
REG. 140.		7.0		

1	FOR STATE REGISTRAR	DEPAR		BEALTH AND MENTAL HYG	SIENE 8 7 REG. NO.	4543
	DECEASED NAME FIRST THEO	DOSIA H.		WILSON	20 DATE OF DEATH MONTH	6 1987 8:33 PM
1	SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
L	Female	Black	Oct.	17 1916	70 YRS	DATA HOUSE
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Massachusetts	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIE WIDOWI	D NEVER MARRIED D	P BALTIMORE CITY OR COUNT	Y OF DEATH MD.
10	AVRE & GRACE	11. NAME OF HOSPITAL, NURS	ING HOME		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Dietitian	12b. KIND OF BUSINESS OR INDUSTRY V.A.M.C.,
13	SUAL RESIDENCE (IF NURSING MOME O 10. STATE Maryland Cec	NTY 131. CITY OR TO	NWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI 78 North Main	Perry Point,Mo St., 21904
17	FATHER'S NAME FIRST UN	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE	Mason
16	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS	
L	No 228-07-			Charles Maso	n, Baltimore, Ma	aryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	Conditions, if any, which gove rise to immediate cause 101, stating the underlying couse last. Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Information Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction The consequence Infanction Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence of Cleute Infanction Due to, or as a consequence o					
NOUNT OF THE PARTY	190 DATE OF OPERATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION			INCERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ARTHURAL CER	OR CONTRIBUTION CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART 7)
- Control	214 INJURY OCCURRED HE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive as	ortal) attended the deceased from n 19 at) view the body after death.	977/	nd that in (my) (aur) apinion DEGREE	death accurred on the date and he	au and fram the causes stated
	224 PHYSICIAN'S NAME (TYPE	in the		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/6/87
	BRION T	yeo		80 S UNION	Ave; Havre de	GRACE, MD.
23	(SPECIFY) Burial	May 11,1987	St. M	lark's Cemeter	10113,12220	eciî Marylahd
24	Dee A. Patterson	Wild Son, Perryvi	lle, M		TE REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE Devidern-Randaes

DHMH - 16 60M 7/B4 (VRA 15, 4)

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funeral director, page 3 thin 72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	111	FOR STATE REGISTRAR	IENE 8 /REG. NO.	4544					
		CEASED NAME CIRCLE PRINTS	9 C NM	1 5. DATE		20 DATE OF DEATH MONTH 5 - 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOURS 4 - 87 5 0 M IF UNDER LYEAR IF UNDER 2 HRS.		
	0	Male	orienta	JANUA	ARY 6, 1914	73 YRS	MONTHS DAYS HOURS MIN.		
1		RTHPLACE (STATE OR FOREIGN) CHINA	USA	COUNTRY? 8 MARRIE WIDOWI	D MEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT	Harford MD.		
1	Ha	Wede Grace		AL, NURSING HOME (y, GIVE STREET ADDRESS)	L HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L (RET) OWNER	12b. KIND OF BUSINESS OR INDUSTRY RESTAURANT		
-	USUA 13a S	AL RESIDENCE (IF NUMBING HOME OR OF COUNT)		TA POISET	13d. INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS / ZIP COD	E Rd . 05739		
	14. FA	THER'S NAME FIRST M	IDDLE G	LAST OON	15. MOTHER'S MAIDEN NA/	ME MIDDLE UNKNOWN	LAST		
1			MED FORCES? 16b SC WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT	ADDRESS			
0		NO NO	101		MRS. LOUISE MEL	ING YEN SAM	AE AS #13e		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY.	ain De	ad		BETWEEN ONSET AND DEATH		
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF TO CONSEQUENCE							
	MOIT	PART 2. OTHER SIGNIFICANT CO	Hoest	Failure o	2) Chosnil	HALDISEASE OR GONDUION GI FERRIFO FOR IVEL	3) millitas		
1	CERTIFICATION	190 DATE OF OBERATION	146. CONDITIONA	OR WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? TES NO		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. M	RY ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	JRY ORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
		220.1 certify that (I) (this hospital sow the deceased alive on above (I) (we) (did) (did not)	5-4	1987	nd that in (my) (our) opinion of	, to	, 1987, that (It (we) lost		
		220 SIGNATURE PULLS (a)	The body offer of		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	May 44, 19817		
		220 PHYSICIAN'S NAME (TYPE OR	PRINTI Kim		308 S. Uni	a Ave Have	de Gray Md		
		URIAL, CREMATION, REMOVAL SPECIFY) CREMATION	23b DATE 5 MAY 1987		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT 2/07 BATE		
	24 FU	INERAL DIRECTOR	J MAT 1787	к. А.	FERRIS + CO.	WEST CHESTER, E REC'D. BY REGISTRAR 25h REGIS	TRAR'S SIGNATURE		

DHMH - 16 60M 7/B4

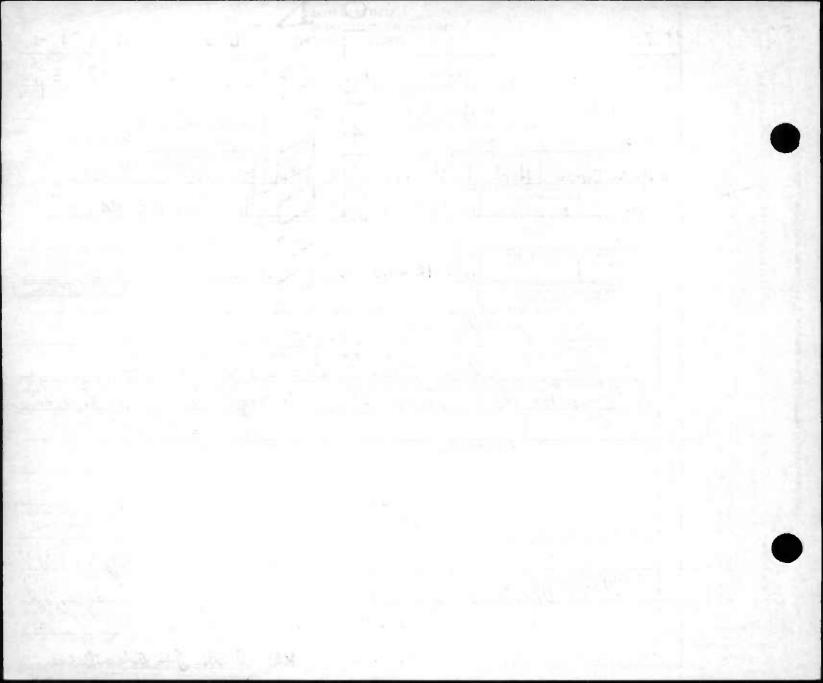
(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

24 FUNERAL DIRECTOR

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	70	o to
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	TO HOSPITAL OR ATTENDED PROSICIAN. The law requires that the death certificate be executed within 24 hours after death. Tage 4 may be retained by the harpital as oftending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and company filled in by the funeral descriptions shall be supported for one as the funeral frame permit. Then please remove composite frame Cept. When the final Cept. When t
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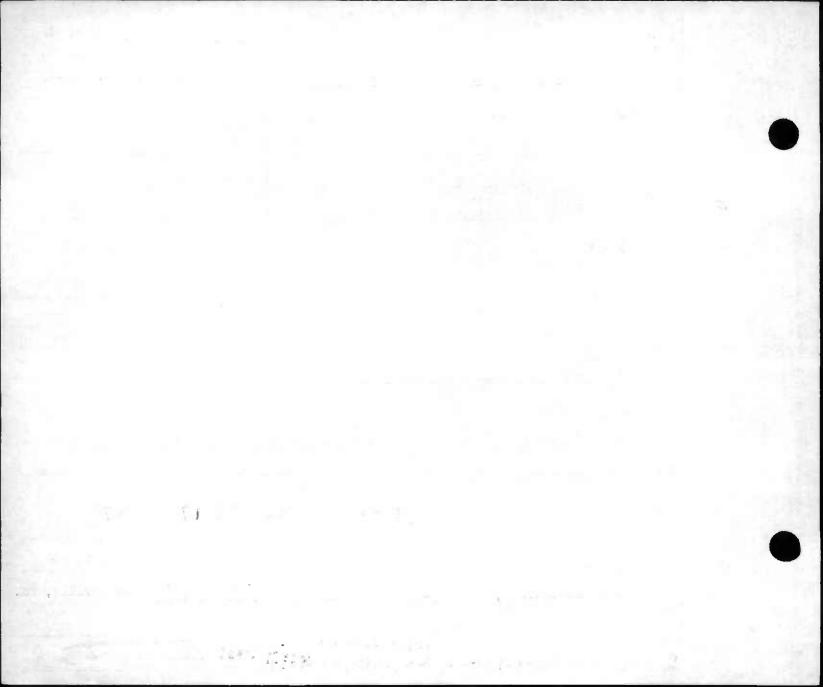
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

AL HYGI H	ENE 8	REG. N	10.	4	5	4	100
	2a DATE	OF DEATH	MONTH	DAY	YEAR	2h H	OH

1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 1 4 5 4 5 6 6 7 1 6 6 7 1 6 6 7 1 6 6 7 1 6 7											
1		CEASED NAME FIR		WIDDLE	ASI	20 DATE OF DEATH	MONTH DAY	YEAR 87	26 HOUR	Α.		
	2.651	Mur		Frances		immerman	6 AGE (IN YEARS LAST BIF	7 -1	NDER I YEAR	IF UNDER 24	M	
	3. SEX		4. RACE		5 DATE (H DAY YEAR		MON		0.10[11]4	WIN.	
		Female	Whit		No	v. 15, 1934	52	YRS.				
7	(RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF	DEATH			
4	52		U.S.A.	110001741	WIDOWE		Harford				MD.	
٧	10 C1	ITY OR TOWN OF DEATH	(IF NOT IN SI	CHEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE)	26. KIND O NDUSTRY	F BUSINESS	OR	
4		el air	1 1100	Iron Bark			House wif	e !	Home			
4	13a S		COUNTY	134. CITY OR TOW		136 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE				
3	_		arford	Bel air		YES NO NO	1100 Iron	Bark D	r. 2	1014		
À	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS1			
4	-	Walter		Quinn		Lillian			Naugh			
/		VAS DECEASED EVER IN U	S. ARMED FORCES? YES, GIVE WAR OR DATES!	166 SOCIAL SECU	RITY NO	17 INFORMANT		ESS4 Guar				
	n	0		128-14-5	489	89 Mrs. Patricia E. Havlicek, Mt. Si						
		18 CAUSE OF DEATH lEnter only ane cause per line for (a), (b), and (c)								MATE INTERVAL	ATH	
1	1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Metastatic carcinoma of colon										
1		DUE TO, OR AS A CONSEQUENCE OF										
1		Conditions, if any, which (16)										
		gave rise to immediate cause (a), storing the DUE TO, OR AS A CONSEQUENCE OF										
		underlying cause last (c)										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
2	CERTIFICATION	190 DATE OF OPERATION	19h CONI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES, WI			_	
1	TIFK							YES NO YES NO NO				
5	CER	210. ACCIDENT WAS UNDERLYIN	110110	OF INJURY	V VE 15	21c HOW INJURY OCCURR			J			
1		OR CONTRIBUTING CAUSE	OI DEATH	A.M. MONTH DA	Y YEAR							
1	MEDICAL	216 INJURY OCCURRED	21e PLACI	OF INJURY		211 LOCATION			COUNTY			
1	× ×	WHILE NOT WHILE C	VHILE NOT WHILE				CITY OR TOWN		COUNTY STATE			
1		22a L certify that (I) (this	hospital) attended t	he deceosed from_	1-0	19 82	to 5-01	19		that (I: (we)	lost	
1		sow the deceased all	ve on 5 - 9	19	67.01	nd that in (my) (our) apinion o	death occurred on the d	ate and hour and	fram the	auses stated	d	
	18	above, A) (we) (did) (di	aid nat) view the bod	y after death		DEGREE			22¢ DATE :	SIGNED		
H		K. U/.	11610	MI		ATTENDING PHYSICIAN	MEDICAL STA	FF	5/18	187		
7		21 PHYSICIAN'S NAME	(TYPE CR PRINT)	1-01			DIRECTOR PHYSIC		7.0	7 0 1		
	,	Karen Lich		MD (825-5	200)	2500	W. Joppa R Spring Stat	1 111	therv	ille,	Md.	
i	23e B	SURIAL, CREMATION, REMO		23c N	IAME OF C	EMETERY OR CREMATORY	236 LOCATION		UNIV	STATE	_	
			P- 13-1	.507	lair		Bel Air	Harfo	rd	Md.		
	24 FU	JNERAL DIRECTOR	/	ADDRESS	150 X	ALAV A	E REC'D. BY REGISTRAN		8) B	IRE		
	E.	F. Lassahw	typesal	Home Ki	NESU	110, Md -M867	13 1364 Am	a Distriction	o- Kuczen	9		

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

director page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

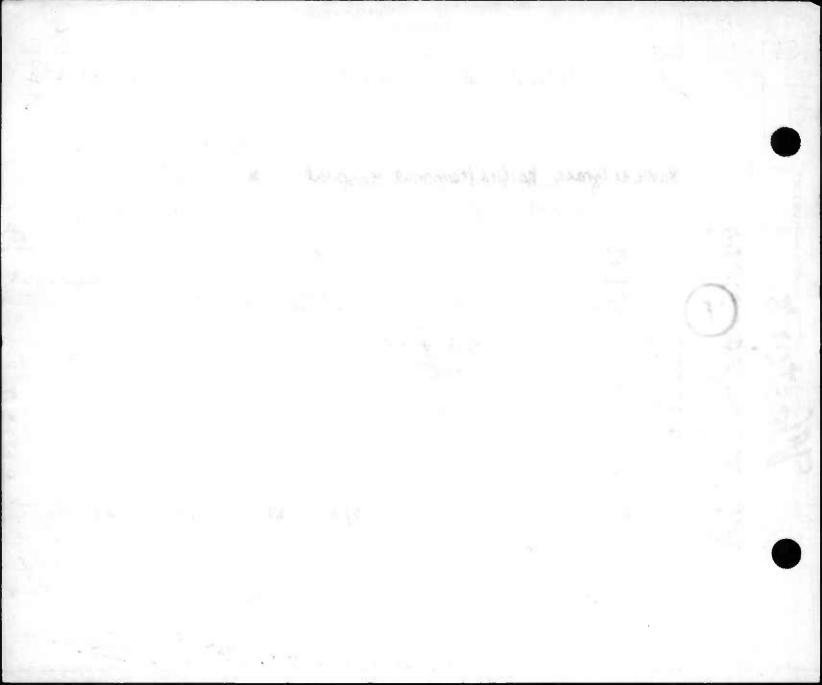
		FOR STATE REGISTRAR	D		EALTH AND MENTAL HYO	GIENE 7	1 4 5	4	Ó	
İ		CEASED NAME FIRST OR PRINT)	MIDDLE	A.	AST AST	20 DATE OF DEATH	MONTH DAY	YEAR 26	HOUR 35	
ł	3 SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BI			UNDER 24 HRS.	
ı		Male	White	MONTH 6	3 1916	7.0	MONTHS	DATS HO	OURS MIN.	
ł	1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO			9 BALTIMORE CITY	OR COUNTY OF D	EATH		
ł		aryland	USA	WIDOWE	NEVER MARRIED	Harand			MD.	
ł		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME C		120 USUAL OCCUPAT		KIND OF BU		
4	Ha	me de grace	(IF NOT IN SUCH FACILITY, O	norial H	ospikal	Machinis		Railr	oad	
1	13a. S	TATE STATE	INTY 13c CITY	OR TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS				
4		- V	cil Risi	ng Sun	YES NO		per St.	219	11	
	FA	THER'S NAME FIRST Melrose		Burlin	IS MOTHER'S MAIDEN NA	MIDDLE		Irwin		
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDR	2 Coope	r St		
1				10-0836	Anna M. B	urlin Ri	sing Su	n_MD	21911	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	anly ane couse per the far to ED BY ATE CAUSE (a)	rebal	ic asses arrest			APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH		
	NO	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To								
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	WERE FINDINGS USED ING CAUSES OF DEATH?		
-		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MON	NTH DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJI	JRY IN ITEM 18 PART 1 O	RPART 2)		
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME STREET FACTOR		211 LOCATION STREET	CITY OR TO	OWN C	DUNTY	STATE	
		220.1 certify that (1) (this hasp saw the deceased alive a		19	nd that in (my) (aur) apinian	death occurred on the c	lote and hour and		(II (we) last ses stated	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									1/1
		ZM PHYSICIAN'S NAME OTH	T. Lee	2 '	Union/	Med (Muc H	avre o	le Grac	
	,	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	ćou	MEN	nrane	
	_	urial	5-18-87	Brook				ecil.	MD	
	24 FU R	The Foard F. F		ADDRESS	250 DA	TE REC'D. BY REGISTRA	Jun Davider	N. Charles	-	
	-,	roard r.r	KISIA	0 7/10	WALL CLOW	7. () 1004 4				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, crematia IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other trail

retained by the hospital or attending physician.

BP.



STATE OF MARYLAND

REG. NO.	1	45	4	
REG. NO.				

Enfort well						OF MARYLAND		1885	
52521 mm	P-	FOR STATE REGISTRAR				EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	1 45	47
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oge 4 mp	3. SE	NAIE.	CAUC	ite AYON.	5. DATE C	1	The second secon	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
deoth. Po	M	RTHPLACE (STATE OR FOREK OUNTRY) aryland	USA		WIDOWE		9 BALTIMORE CITY OF COL	ed.	MD.
by the f		F-Allstion	(IF NOT IN SU	allston	ADDRESS	PERAL HOSPIT	120 USUAL OCCUPATION (174PE OF WORK FOR MOST OF WORK PELECTRONIC	ING LIFE) INDUSTRY	govt.
should be	Ma		county arford	13c CITY OR TOW Joppa	'N	13d. INSIDE CITY LIMITS? YES NO K 15. MOTHER'S MAIDEN NAM	2511 Old Jop	opa Road	21085
ded with		Raymond	Gaver	Purdum,		Mildred	Eva	Riglei	ž
pe execu			.S. ARMED FORCES? YES, GIVE WAR OR DATES)	218-26-0		IT INFORMANT Mildred E.Purc	dum, 2511 Old		
entificate ng phy remov c event		18 CAUSE OF DEATH (E PART 1. DEATH WAS C	nter anly ane cause pe CAUSED BY: MEDIATE CAUSE (a)	CARDI.	AC.	ARREST		BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
ros, zui w. Presion requires that the death c regined by the attendir Then please remove cort to burial, cremotion, or hjury, ar other traumatic	NO		ich (b)_ arte the DUE TO, C	PRAS A CONSEQUE PRAS A CONSEQUE PRAS A CONSEQUE ONTRIBUTING TO 1	CED TD-	SUPRARENA LUAC ANT NOT RELATED TO THE TERMI	urysm		1 Hours
At RECORDS, The low required to the sign of the prior to be th	CERTIFICATION	190 DATE OF OPERATION 5-2=3-8	7 Ru	PTURE	OPERATIO A	N WAS PERFORMED HUZUKYSM	YES NO NO	IF YES, WERE FINDI ERTIFYING CAUSES YES	
NG PHYSICIAN The ottending physicion there this certificate has the buriol-transit proof the ond Memol Hygier arked or tem 18 shown	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED	OF DEATH HOUR A		AY YEAR	21t LOCATION	ED (ENTER NATURE OF INJURY IN ITE	M IS PART (OR PART 2)	
	MEC	WHILE AT WORK AT WORK	(AT HOME S	TREET FACTORY OFFICE, F	ARM ETC }	STREET	CITY OR TOWN	COUNTY	STATE
R ATTEND hospitol o hospitol o RECTOR: A hed for use ept. of Heo them 21 is m		22a 1 certify that (1) (this saw the deceased o abave, (1) (we) (did) (ive on view the bad	198	T	d that in (my) (our) opinion d	eath occurred an the date and	d haur and Irom the	that (I) (we) last causes stated
the Day		Lalus 224 PHYSICIAN'S NAME	n Eg	mu h	N	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7 2	870150
TO HOSPITA retained by TO FUNERA should be de with the Staff IMPORTANT		CALVIL	2 Joi	7 /	D	2005 ROL	K SPRINT	RD PORC	ESTAIL
BP		URIAL, CREMATION, REM SPECIFY) Burial	oval 236 DATE			Mem. Gardens		Harford	Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR NAME Howard K. Mc	Comas III,	Abingdon	,Md.		REC'D. BY REGISTRAR 256 RE	EGISTRAR'S 6 IGNA	HRE

